652

## STATE OF MARYLAND

-11	REGISTRAR				FICATE OF DEATH	B REG. NO.	2 (	1 3
	ECEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH MO	NTH DAY YE	AR 26 HOUR
	Leah		D.	Abbo	ott	July 30, 19		11:302
3 SE	X	4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 H
	Female	Caucas	sian		1, 1910	77	YRS	
70. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN O	F WHAT COUNTRY	V2 [8	D MEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEAT	гн
	Russia	U.S.	Α.	WIDOWE		Montgomer	J	
1)) (	ITY OR TOWN OF DEATH	11. NAME O		SING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUS	r
	Rockville		Rockvill			Bookkeeper	Sto	ock Broke
	JAL RESIDENCE (IF NURSING HO) STATE 13b C	ME OR OTHER INSTITUTION	13c CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	P CODE Apt	t.#1002
Ma		tgomerv	Rock vi 1		YES NO X	10500 Rockv		
	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST
(//	Israel		Dwass		Golda	ADDRESS	Haas	
	WAS DECEASED EVER IN U.S	<ol> <li>ARMED FORCES:</li> <li>ES GIVE WAR OR DATES)</li> </ol>	166 SOCIAL SE	CURITY NO.	17 INFORMANT	10500 R	ckville	Pike
	No		040-09-	7080	Norman A. Ab	bott/ Rockvi		
1 7 7 7	Canditians, if any, which		un	mic	Marial	de sue		
NO	gave rise ta immediat cause (a), stoting th underlying cause las	DUE TO,	or as a consec	DUE TOF 7	Ki os Clor	on B.	ION GIVEN IN PA	RT Ita
TIFICATION	gave rise ta immediat cause (a), stoting th underlying cause las	DUE TO,  (c)  ANT CONDITIONS	OR AS A CONSEC	O DEATH BUT	HES OS COST TNOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PA  Ob. IF YES, WERE F  N CERTIFYING CA  YES	INDINGS USED
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CERTIFICAT	gave rise ta immediate cause (a), stating International In	DUE TO,  (c)_ ANT CONDITIONS  19b. CON  19b. CON  21b. TIME HOUR (AT HOME, AME AT HOME, AME AT HOME, AME AT HOME, AME AT HOME, TYPE OR PRINT)	OR AS A CONSECTION OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE the deceased from	DAY YEAR  19  19  10  10  10  10  10  10  10  10	216 HOW INJURY OCCUR 216 LOCATION STREET	AINAL DISEASE OR CONDIT  200 AUTOPSY?  YES NO NO NOTION  CITY OR TOWN  death accurred on the date  MEDICAL PHYSICIAL  DIRECTOR PHYSICIAL	Ob. IF YES, WERE F N CERTIFYING CA YES UNITEM 18 PART I OR PA COUN	INDINGS USED USES OF DEATH? NO   IY STATE  that (I) (we) in the causes stated and the course stated and the causes stated and the course stated and the causes stated and the ca
MEDICAL CERTIFICAT	gave rise ta immediate cause (a), stating International In	DUE TO.  (c)  ANT CONDITIONS  19b CON  19b CON  19b CON  21b TIME HOUR (AT HOME.  (AT HOME.  117PE OR PRINT)  ANT CONDITIONS  21c. PLAC (AT HOME.  21c. PLAC (AT HOME.  21d. PLAC (AT HOME.  22d. PLAC (AT HOME.  23d. DATE	OR AS A CONSECTION OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE the deceased from the	DAY YEAR  19  CE, FARM, ETC.)  R. NAME OF C	216 HOW INJURY OCCUR 216 LOCATION STREET	ZOO AUTOPSY?  ZOO AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  TO  death accurred on the date	Ob. IF YES, WERE FINCERTIFYING CALVES COUNTY  COUNTY  19  and hour and from  226  COUNTY  COUNTY  COUNTY	INDINGS USED USES OF DEATH? NO TO STATE STATE  that (I) (we) the causes state  DATE SIGNED 7-30-8

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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PHYSICIAN dq phibne

Ives-Pearson F.H. Arlington, Va. 22201

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1	1 -	STATE-		DEPAKIM		CATE OF DEATH	GIENE	REG. NO. 2	0 7	4 1)
	I, DEC	PASED NAME FIRST MALGAI	eet MIDDLE	₽.	Ä	dler	20 DATE	OF DEATH MONTH	14-87	26 HOUR 5:30PM
		Female	Caucas,	and country?	5. DATE OF	25 31	9 BALTIM	YRS		
	No	ew York	U.S. A	4	MARRIED WIDOWE	DIVORCED [	Moi	Haome	uy Co	renty mo
7	5	luck Speine	HOLY C	PITY, GIVE STREET A	DDBESS	ital	TYPE OUT	RESTRICT PL	IBH ISAGE	SUNTANT
1	13a S	RESIDENCE (IN NURSING HONE OR OF TATE 136, COUN MONT		CITY OR TOWN	PRINC	136 INSIDE CITY LIMITS?		ADDRESS Á ZIR SA	ORIVE	20902
		THER'S NAME MUEL IRST	N.	AYÖÜITZ		IS. MOTHER'S MAIDEN N.	AME	WIDDLE	un	√ĞAR
	160 W NÖ	(IF YES, GIVE	WAR OR DATES!	63-14-6		17 INFORMANT BENJAMIN	ADLER,		IROAK DE	ARYLAND DXWATE INTERVAL IN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS  (b)  DUE TO, OR AS  (c)	aconseoue de noc	NCE OF Care	einoma c	of !	Breast	fei 1	year year
	CERTIFICATION	PART 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TER		TOPSY? 20b. IF	GIVEN IN PART  YES, WERE FINE RTIFYING CAUSI YES	DINGS USED
7	MEDICAL CER	210. ACCIDENT WAS UNDERLYING	TH HOUR A.M.	MONTH DA	19	216 HOW INJURY OCCU 211 LOCATION STREET	RRED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART 2	STATE
	N	while NOT WHILE 220.1 certify that (1) (\$\frac{1}{2}\text{in WORk}\$ as we the deceased alive on obove, (1) (\$\frac{1}{2}\text{in WORk}\$ as we have deceased alive on obove, (1) (\$\frac{1}{2}\text{in WORk}\$ as we have a subject of the second	ol) attended the de	ceased from 19	7_, on	d that in (my) ( propinion EGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	AL STAFF DR PHYSICIAN	-	that (II (well ast the causes stated)
/		DR. G. LENNARI					VER SPI	ON STREET RING, MARY	LAND	
	230 B	IRTAL	7/19/198	7 KIN	IGE BAY	THEMEMORYAL	GARDE	VY OR TO FALLS	CHURCH	VIRGINIA

DHMH - 16 60M 7/84 (VRA 15, 4)

POONAL DEMINISTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

JUL 2 1 1987

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23a BURIAL, CREMATION, REMOVAL

"Burial

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 26 HOUR IF UNDER 24 HRS Month 8 1910 77 White **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED Montgomery USA WIDOWED [ DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Holy Cross Hospital Photographer Self employed WOUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE Silver Spring 13d. INSIDE CITY LIMITS? NO [ 724 Richmond Avenue 20910 15. MOTHER'S MAIDEN NAME ATTen Lilly Washbrook 16b SOCIAL SECURITY NO. ADDRESS 17. INFORMANT Mary O.L. Allen-wife-(same as 13e) 083-09-2681 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOLXX 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR 19 71e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) 22a | certify that (1) (this hospital) attended the deceased from our) opinion death accurred on the date and hour and from the causes stated above (1) (we) (did) (did not) view the body after death DEGREE MEDICAL ATTENDING DIRECTOR | PHYSICIAN [ 22e ADDRESS

CIOC

23¢ NAME OF CEMETERY OR CREMATORY

Green Hill Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

Hines Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, Md.

7-10-1987

236 DATE

25 DATE REC'D BY REGISTRAR 256 ECISTRAR SIGNATURE

Churchville

Augusta

WA

23d LOCATION



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR RObert A. Bethesda-Chevy Chase,

(SPECIFY) Burial

230 BURIAL, CREMATION, REMOVAL

Pumphrey Funeral Home/ Inc., 7557 Wisconsin Ave. Bethesda, Maryland 20814

1987

23,

Oakdale Cemetery

23c. NAME OF CEMETERY OR CREMATORY

Wilmington

Carolina

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MacNabb Funeral Home, Catonsville. MD

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY	YGIENE						
CERTIFICATE OF DEATH	8	1	REG. N	10.2	0	1	doj
LAST	2a DAT	E OF	DEATH	MONTH	DAY	YEAR	2b

060300 Jul	I. DECEASED NAME FIRST MODIE  (TYPE-OR PRINT)  HAZEL  C.  3. SEX  Female  70. BIRTHPLACE (STATE OR POREIGN TO COUNTY WAINE  10. CITY OR TOWN OF DEATH TO NAME OF HOSPITAL, NUE (IN OT IN SUCH FACILITY, GWE ST MONTGOMERY GE)  U.S. A.  10. CITY OR TOWN OF DEATH TO NAME OF HOSPITAL, NUE (IN OT IN SUCH FACILITY, GWE ST MONTGOMERY GE)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GWE RESIDENCE BE 130. STATE 1336 COUNTY 1316. CITY OR TO MONTGOMERY GE)  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GWE RESIDENCE BE 130. STATE 1316 COUNTY 1316. CITY OR TO STATE 1316. COUNTY 1316. CITY OR TO STATE 1316. SOCIAL SI (IF YES, GIVE WAR OR DATES)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SI (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY:  UNDER CONTRIBUTING CAUSE OF DEATH (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (C)  PART 2. OTHER SIGNIFICANT CONDITION FOR WHEN CONTRIBUTING CAUSE OF DEATH (C)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING COUNTY MODICAL EXAMINER)  P.M.  210. ACCIDENT WAS UNDERLYING CONTRIBUTION P.M.  210. ACCIDENT WAS UNDERLYING CONTRIBUTION CONTRIBU				82 /	.2 0	1	4 5				
/			RST		MIDDLE	- 1	AST		20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
2 20	/	O. 7 K. 141 J	Haze	1	C.	Arring	dale			07 15	87	5:30AM M
8 8 10	3 SE	ζ	4.	RACE			DAY	WE AD	AGE (IN YEARS LAST BIR			
4 00		Female		Whit	te		h 8,	1894	93	YRS	DATE	MIN.
8 49 KM			GN 7b	CITIZEN OF	WHAT COUN	TRY? 8.	O NEVER	AAPRIED T	BALTIMORE CITY C	R COUNTY	OF DEATH	
		Maine		U.S	5.A.				Montgomes	У		MD.
1 11 1	10. C	TY OR TOWN OF DEATH	11				R OTHER INS	NOITUTION				
5 5 5 7		Olney					lospita	1				
212	USU.	AL RESIDENCE (IF NURSING	COUNTY	HER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	134 INSIDE C	ITY HALITS?	12. STDEET ADDRESS	/ 7IP CODE		20001
2 16 1							YES 🔀	NO 🗌			moshir	e Ave.
1 /2 P							15. MOTHER	S MAIDEN NAM	E			
* 1 17 (17)		William	MIE	odle			Ab	by	WIDDLE		Hale	ST
	160 V	VAS DECEASED EVER IN			16b SOCIAL	SECURITY NO.	17. INFORMA	NI (SOI	n) ADDR	SSKong		
Q	1	VES, NO DE UNKNOWN)	YES, GIVE W	VAR OR DATES)	025-2	6-6652	John		fin 10209 1	lontgo	nery A	ve.
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201 pleople of the control of the co		PART 2 OTHER SIGNIE	CANTICO	-	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	ia!
Per day	ž				OTT MILE OF THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TO THE TERMIN	THE DISERSE ON CO.		,	
DIVISION OF VITAL RECORDS NG PHYSICIAN. The tage requirement of the first that certificate has been signs the busici-fromit permit. Then the and Mental Hydlesse prior to backed the land Mental Hydlesse prior to backed to be fill the fill show only signs.	ATE	9a DATE OF OPERATIO	7	19b. COND	DITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?			
	#								VES TO NOTE			
E HORIZON	ER	210. ACCIDENT WAS UNDERL	rING 🗍	21b. TIME C	OF INJURY		21c HOW IN	JURY OCCURRE				
* 34 11 C	11.50	OR CONTRIBUTING CAU	E OF DEATH									
N N N N N N N N N N N N N N N N N N N	3		XAMINER)			19	21) LOCATE	nN .				
S 21 1379	WE					FFICE, FARM, ETC.)			CITY OR TO	WN	COUNTY	STATE
No State of		ORK AT WORK				-	1.1	77			00	
S 8 8 5 7 7				) attended to	he deceased to	minima and		19_8/	, to		9	
2 g t t t t t t t t t t t t t t t t t t		abave, (I) (we) (did)	(did nat)	view the bady	y after death.			(aur) apinian a	earn accurred an the d	are and haur		
SA SEPTEMBER OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN T		22b. SIGNATURE	,	- 0			REG. NO. 2    20 DATE OF DEATH   8   REG. NO. 2   1   12   12   14   14   15   14   15   14   16   16   16   16   16   16   16					
34 3554		1	HAZEL  C. ATTINGDALE  4. RACE  4. RACE  White  White  Whatch  8. Date of birth  Whomen  Whatch  8. 1894  93  **MARRIED   NEVER MARRIED   NOTICED   Montgomery  (If Notin such facility, give steet appessor  Montgomery General Hospital  (If Notin such facility, give steet appessor  Montgomery General Hospital  13. CITIZEN OF WHAT COUNTRY  Montgomery General Hospital  13. CITIZEN GENERAL PROPERTY  Montgomery General Hospital  SSPAG HOME GROTHER INSTITUTION  (If Notin such facility, give steet appessor)  Montgomery General Hospital  Reg. Nurs  SSPAG HOME GROTHER INSTITUTION  (If Notin such facility, give steet appessor)  Montgomery  Montgomery  Montgomery  Spag Hospital  SSPAG HOME GROTHER INSTITUTION  (If Notin such facility, give steet appessor)  Montgomery  Sol I. Spag.  IS. MOIDER SMAIDEN NAME  Abby  15. MOIDERS MAIDEN NAME  Abby  17. MORE STREET ADDRESS / Z  17. 234 New  18. SOCIAL SECURITY NO. 17. INFORMANT (Son) ADDRESS  (SY Y, which intending the girl old, (b), and (c).)  White modified the girl old of the property of the social security of the social securit		7.1	5.87						
PUNE SILVE		DECEASED NAME  INSTRAR  DECEASED NAME  INSTRAR  HAZE  C. Arringdale  SEX  Female  J. RACE  J. DATE OF BIRTH March  SEX  Female  J. BIRTHPLACE (STATE OF FORE GN Maine  J. CITY OR TOWN OF DEATH  Olney  Montgomery  GENERALLY, GIVE STREET ADDRESS)  JOUNT ON TOWN OF DEATH  Olney  MONTGOMERY  MONTGOMERY  MONTGOMERY  MONTGOMERY  MONTGOMERY  J. CITY OR TOWN OF DEATH  J. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  J. STATE  J. NAME  MONTGOMERY  MONTGOMERY  MONTGOMERY  J. CITY OR TOWN  J. J. INFO  J. J. MONTGOMERY  J. J. MONTGOMERY	22e ADDRES	& CHE	STEREIEL	N R	R	CKITLLE				
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Di Kera	23a.	BURIAL, CREMATION, REA	AOVAL	23b. DATE	. 1	23c. NAME OF C	EMETERY OR	CREMATORY	23d LOCATION		TOUR IN	1147
BP		Cremation		7/16/	/87	Chambe	ers Cr	ematory	Riverd	le	P.G.	Md
Building of told 2.0	-	INFRAL DIRECTOR					7.7	250. DATE	REC'D BY DECK BAR	25b. REGISTE	SAP LEIRA	Deploy .
DHMH - 16 60M 7/B4 (VRA 15, 4)		W.W.	Ch	ambe	5 CO.T	nc Silver	Spring 1	nd JUL	20 BOI (			

DEPARTMENT OF HEALTH AND MENTALTHYGIENE CERTIFICATE OF DEATH

PHYSICIAN DIRECTOR PHYSICIAN

87 REG 20746

FIRST	MIDDLE	LAST		Ö	26. DATE OF DEATH MONTH	DXY	YEAR	TZb HOL	IR D
JA	MES FREDERICK AVE	Y			JULY 20 1987			7:1	8 M
-	4 RACE	5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIRTHDAY)	IF UND	ER I YEAR	IF UNDER	24 HRS
	CAUCASIAN	MARCH 24	1933		54 YRS	MONIH	DAYS	HOURS	MIN.
OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER	MARRIED C		9. BALTIMORE CITY OR COUN	TY OF D	EATH		
	UNITED STATES	WIDOWED D	VORCED [	3	MONTGOMERY				MD
DEATH	11. NAME OF HOSPITAL, NURSIN		NOITUTION		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		L KIND O		
Α	NAVAL HO	SPITAL			RETIRED .		U.S.	ARMY	

		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN ROCKVILLE	13d. INSIDE CITY LIM			RESS / ZIP COD GLENORA		20850
14 FATHER'S NAME			15. MOTHER'S MAID	ENNAME				
1467	WIDDLE	LAST	FIRST			IDDIE		LAST
HARRY	AVEY	CONTRACTOR OF THE PARTY OF THE		BEATR	ICE FO	)X		
		166 SOCIAL SECURITY NO.	17 INFORMANT			ADDRESS		
VFC	1955-1975	364-30-8803	BETTY M.	AVEY.	2881	GLENORA	LANE.	

	3-1373   304 30 6663	ROCKVILLE, MD		APPROXIMATE INTERVAL
	ly one cause per line far (a), (b), and (c).)	The state of the s	20030	BETWEEN ONSET AND DEATH
PARTI, DEATH WAS CAUSE	E CAUSE (a) ADENOCARCINOMA	OF THE LUNG		
DVI TEDIAL				
	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if any, which	(b)			
gave rise to immediate couse (a), stating the	}			
underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			
	(c)			

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORM	D 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
		YES NO X	YES NO [

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NO TIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

JULY 220.1 certify that (1) (this haspital) attended the deceased from... sow the deceased alive on\_ and that in (my) (aur) opinion death accurred on the date and haur and from the couses stated

abave, (1) (we) (did) (did nat) view the bady after death SIGNATURE DEGREE MEDICAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS NAVAL HOSPITAL

D. E. LEWIS, LT, MC, USNR BETHESDA, MD 20814-5011 23a BURIAL CREMATION, REMOVAL 23b. DATE

Uniformed Services University
of the Health Sciences (SPECIFY) July 21, 1987 Bethesda, Maryland Removal 24 FUNERAL DIRECTOR 256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Capitol Funeral Service, Falls Church, Virginia

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STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR CEASED NAME 2a. DATE OF DEATH 7b HOUR LIYEE OR PRINTS IMELDA nmn 4 RACE Female White Oct. 31, 1898 YEAR 88 70 BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Jersey WIDOWED Manton many DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired Cashier Clothing Suburban USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 525 Main St. 07928 136. COUNTY Chatham 13d INSIDE CITY LIMITS? New Jersey Essex YES K NO [ FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Nate Marv MIDDLE Baatz 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 149-20-6093A Kathleen Barrett (daughter) same as 13e No 18 CAUSE OF DEATH (Enter only one couse per lime of (#), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating underlying cause last. PART 200THER SIGNIFICANT CONDITIONS CONTINUED TO DEATH PHENOT RELATED TO THE TERMINAL DISEASE 21a. ACCIDENT WAS UNDERLYING THE TIME OF INJURY TIL HOW INJURY OCCURRED. LENNE NATURE OF INJURY PHILIPS IN PART LORFABLES HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF BEATH THE ETHER INCHES MEDICAL PRAMMENT THE INTURY OCCURRED TIE PLACE OF INJURY III LOCATION (AT HOME STREET FACTORY OFFICE FARM, ETC.) SHOW TO A STORY OF 27a.1 certify that (It (this haspital) attended the de saw the deceased girls on above the body after day opinion death occurred on the date and hour and from the SKINATURE DEGREE Th. DATE SIGNED DIRECTOR PHYSICIAN 274 PHYSICIAM'S NAME CYPE OF FUE Henry C. Scruggs 5413 Cedar Lane Bethesda, Maryland 20814 230. BURIAL, CREMATION, REMOVAL 23b. DATE 7/25/87 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Holy Sepulchre Cemetery East Orange, N. J.

(VRA 15, 4)

24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc.

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1331 Rockville Pike Rociville, Md. 20852

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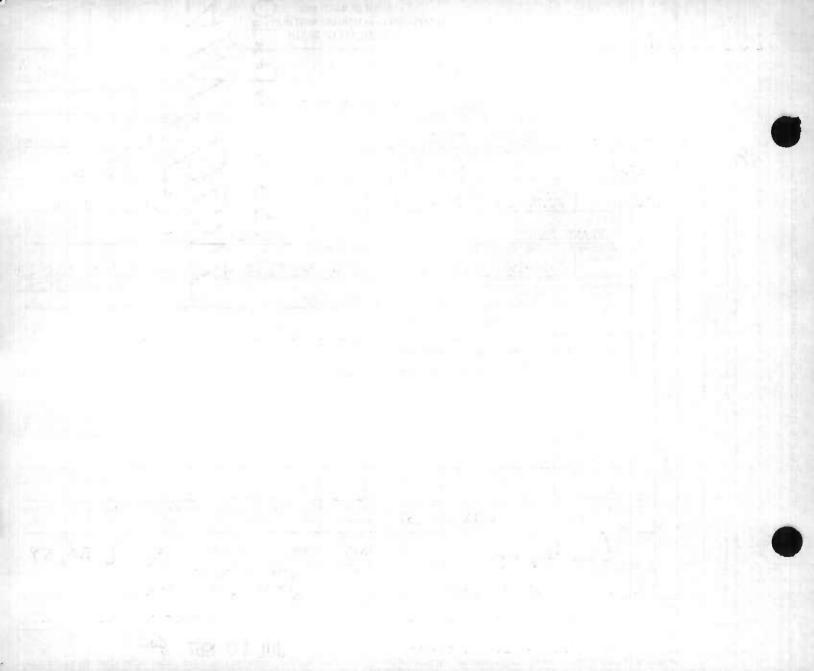
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DIVISION OF VITAL RECORDS.



Silver Spring MD 20901

(VRA 15, 4)

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## STATE OF MARYLAND

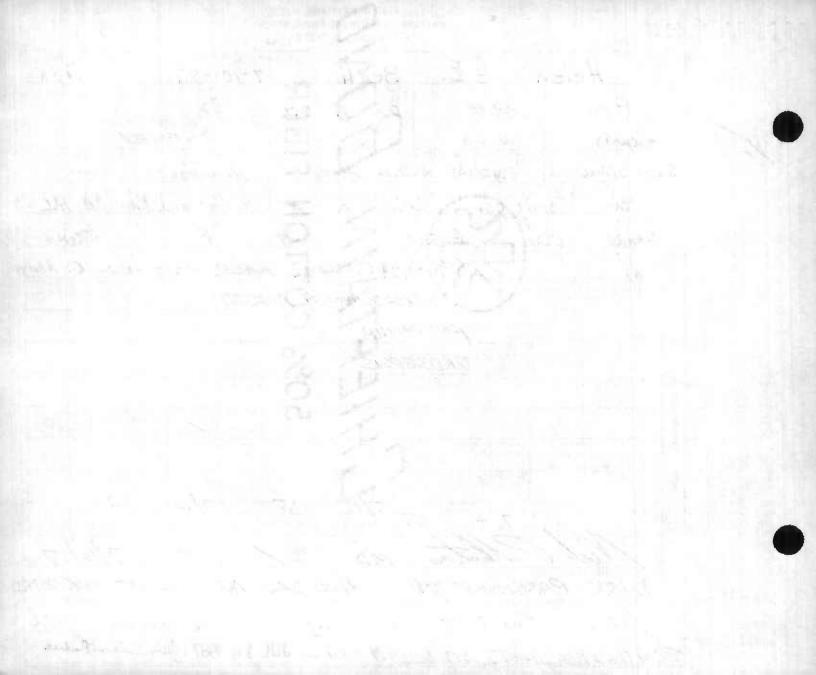
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	-			

	REGISTRAR	CEI	KITFICATE OF DEATH	REG. N	b.	
1.	. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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3	. SEX	4 RACE 5. D.	ATE OF BIRTH	6 AGE   IN YEARS LAST BIR		
1	FEMALE	NHITE (	02 11 05	82	YRS.	S HOURS M
22	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED		R COUNTY OF DEATH	
30	MARYLAND	11 ( 1	DOWED DIVORCED	MEL	TECNISEY	25
9/	SILVER SPAINC	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FARCAND NURS	(5)	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTR	OF BUSINESS
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E TO	4 FATHER'S NAME	HOON _ WILL	15. MOTHER'S MAIDEN NA	AME MIDME	1	AST
Tab Cal	HENRY CL	AV GIBSON	MARY	P	7	3 ROWN
	60 WAS DECEASED EVER IN U.S. AR		NO. 17 INFORMANT	ADDRE	SS	
je d	(YES NO OR MKNOWN) (IF YES, GIV	215-18-38	14 D. ELEANOR	WHEELER 7	217 ADELCHI	O) Ho
g / =	Tu cause of Death S	142 10 11		/	APPRO	DXIMATE INTERVAL IN ONSET AND DEA
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E		DUE TO, OR AS A SONSEDURE	NIA			
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12 10	couse (o), stating the	DUE TO, OR AS A GONSEQUENCE	05			
E /	underlying couse last.	TOE TO, OR AS () ROSER	2515			
1		( (c)				
-		CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia
0	196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING					
20	4 198 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FIND	DINGS USED
2)	2				IN CERTIFYING CAUSE	
95	E			YES NO	YES	NO 🗌
8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	2 It HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	}
T 4	OR CONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH DAY Y	EAR			
te /	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19			
5	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY	STATE
0		TAT HOME STREET, FACTORY, OFFICE FARM, ET	IC) STREET	CITONIO	WN COOKIT	SIAIC
Ar C	AT WORK AT WORK		1-	/	47	
Ĕ	22a.1 certify that (1) (this hospi	tol) ottended the deceased fram	5/63 19 63	to	1901	, that (b (we) l
. 40	sow the deceased alive on	7/4 1087	and that in (my) (our) opinion	death occurred on the d	ate and have and from th	ne course stated
2 5	above, (I) (we) didi/did o	view the trady after death.	a. and mar in (in) (cor) opinion	ocom occorred or me di	are one noor one nom n	ic cooses stored
. 0	274 SIGNATURE	/////	DEGREE		22c. DA	TE SIGNED
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<u>=</u> ,	1 con c	ar court mo	PHYSICIAN	DIRECTOR PHYSIC	IAN []	0/8/
IMPORTANT: IF	22d. PHYSICIAN'S NAME (TYPE O	RPRHIII	22e ADDRESS			
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₹ 7	236 BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION		
· ·	(SPECIENT)			CITY OR JOWN	COUNTY	July 1
_	BURISE	J424 13. 1987 Une	in Cemetery	BUR	ansville	IRO
2	4 FUNERAL DIRECTOR	1		TE REC'D. 8Y REGISTRAR	25h REGISTRAR'S SIGN	ATURE
17/84	T NAME ( )	ADDRESS,		11 4 4 4007	Julia Devideon	A
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DHMH - 16 60M 7/84 (VRA 15, 4)

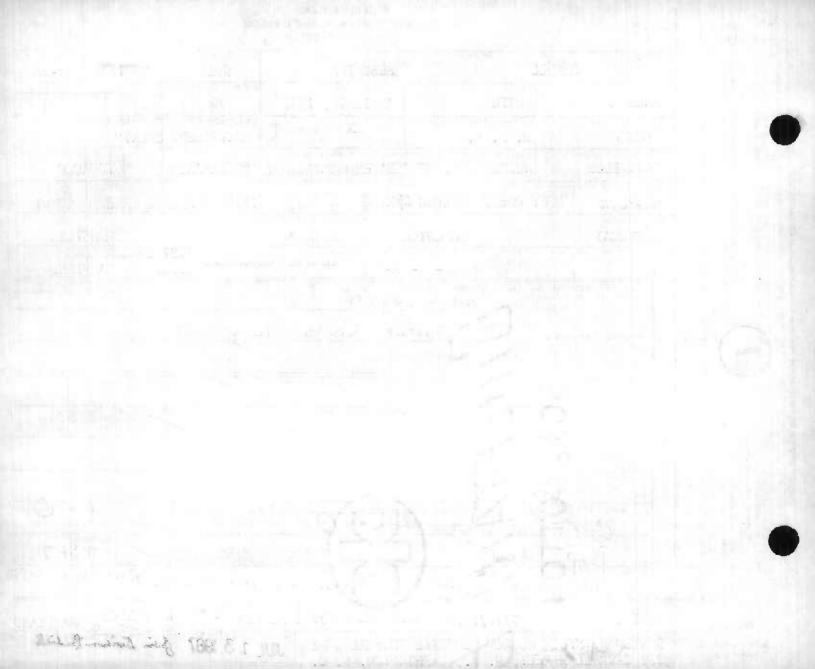
BP.



(VRA 15, 4)

232 CARROLL STREET N. W. WASHINGTON, D. C.

(VRA 15, 4)



WI OS III

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 061208 JUL 30 870 NAME 20. DATE KNOWN OF ESTI-S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. E WITHIN 72 HOURS Tomas Bermudez DEATH MATED 25/1987 5 DATE OF BIRTH 3 SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3:40 DATE LAST BIRTHDAY Aug 29, 1950 36 VDS Male Hispanic DEAD a M 25/19 87 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! El Salvador El Salvador Montgomery County, WIDOWED DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Rt. 355 Painter None Bethesda SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 350 N. Summit Ave. 13c. CITY OR TOWN Gaithersburg YES X Maryland Montgomery 15 MOTHER'S MAIDEN NAME MIDDLE Bermudez Eloisa Maria Santo Tomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES 6b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) Andres Garcia (brother) same as item 13a 546-98-6324 No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL EXAMINER ALONG V IAL - TRANSIT PERMIT MENTAL HYGIENE, I DN, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BLU 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR MEDICAL CONTRIBUTING CAUSE OF DEATH B: 20 XX subject passenger in auto/fixed object impact 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE roadway Rt. 355 College Parkway, Monta. Co. 27a I certify that I took charge of the remains described above, held on X Suicide deoth resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/26/87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION San Miguel Cemetery San Miguel, El Salvador Aug 3,1987 Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 Vann & Williams, 4804 Ga. Ave., N.W., Wash., D.C. (VR A15 ME (5))

(VRA 15, 4)

188 July 6 1881 July

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he low require on, has been sign permit Then ene prior to bu	CERTIFICATION	PART 2 OTHER SIGN		411			N WAS PERFORME		200 AUTOPSY? YES NO	20b IF YES	, WERE FINDIN	NGS USED
HYSICIAN: TI riding physici is certificate buriol-tronsis Mentol Hygi	MEDICAL CER	21d. ACCIDENT WAS UNITED TO THE CONTRIBUTING [15]  (IF EITHER NOTIFY MEDITAL INJURY OCCUR.)	CAUSE OF DEA	21e PLACE	.M. MONTH .M. OF INJURY	19	211 LOCATION	Y OCCURREI	D (ENTER NATURE OF IN		COUNTY	STATE
R ATTENDING PI hospital ar atter the hed for use as the ept. of Health and tem 21 is marked	W	220.1 certify that was sow the decease obove. If we'll a signature and the signature are something to the signature and the signature are signature.	(this hospited on,	tol) attended the	//	9 <del>4</del> 7 . or	19	r) opinion de	oth occurred on the	dote and hour		[ ]
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BP		BURIAL, CREMATION,	REMOVAL	JULY 3		BNAI IS	EMETERY OR CREA		BALTIMOR			ARYLÄND
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME  OLO RETSTE			ON & BR		c. 215	JUL JUL	0 8 1987		Danden.	A



23c. NAME OF CEMETERY OR CREMATORY

Leonardtown MD

Veterans Cem

23d LOCATION

CITY OF TOWN

Cheltenham

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

Deordern-Kandal

MD.

230 BURIAL, CREMATION, REMOVAL

Burial

W.C. Mattingley

(SPECIFY)

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

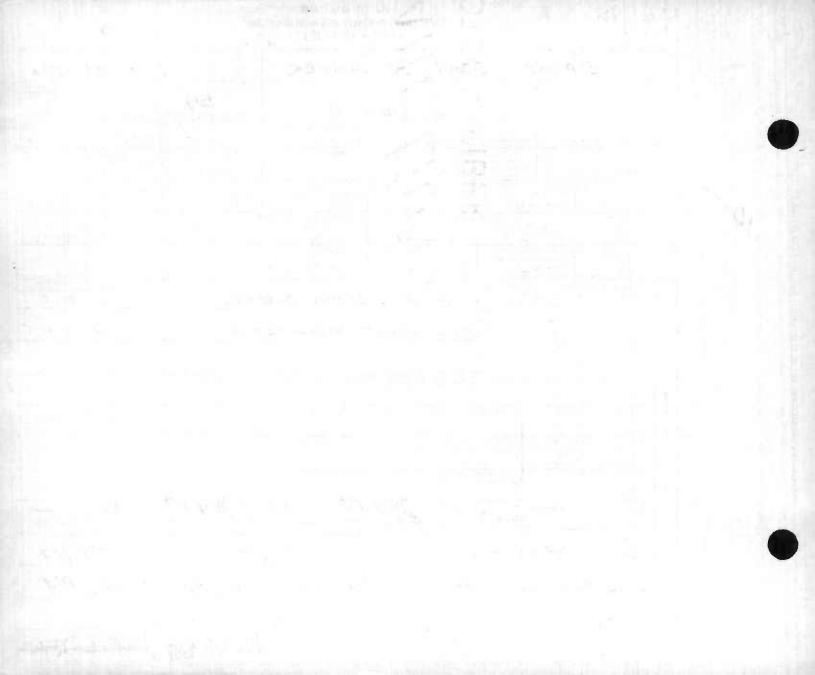
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23b. DATE

7-17-87

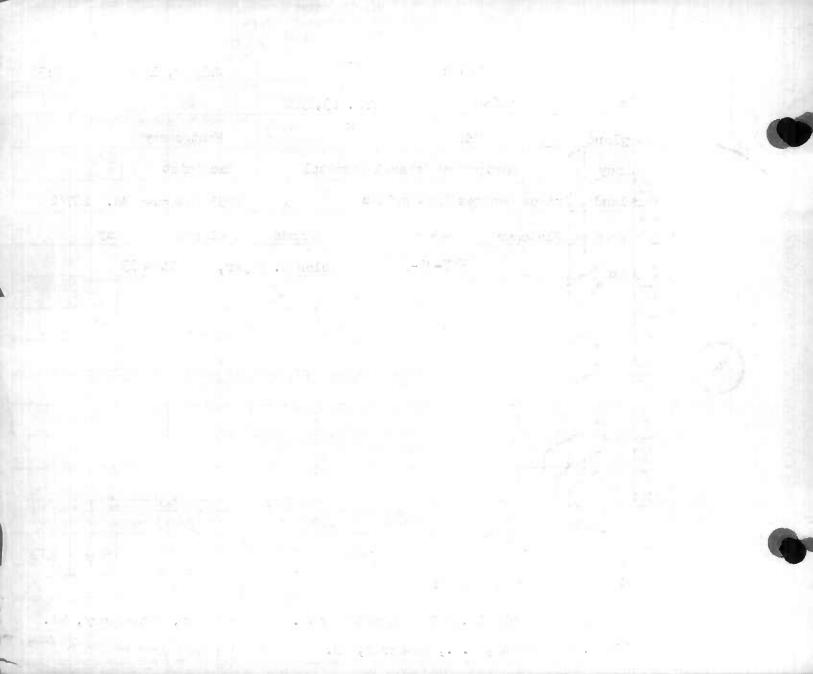
ADDRESS

Male    Male		7	481 8 -	81		DEPARTA		E OF MARYLAND	IENE			
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SEX   S.D.A.TE.OF BRITH   S.D.A.T. OF BRITH	400	1. DE		FIRST	,	MIDDLE	- (	AST	KLO. I	MONTH DAY	YEAR	26 HOUR
3. SEX   4. RACE   S.D. DEFO F BIRTH   DAY   YEAR   NOVEMBER 23, 1927   S. ACC   INTERESTRICT   S. DEFO F BIRTH   DAY   YEAR   NOVEMBER 23, 1927   S. BIRTHPLACE (STATE OFFORD FOR PRODUCT   TO COUNTRY)   S. BIRTHPLACE (STATE OFFORD FOR PRODUCT   TO COUNTRY   TO C	ā			MOND		EAN	3001	LANGER		7 5	87	
Male White November 23, 1927  76. BIRTHALEC (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION  12. Gaithersburg 10.549 Cambridge Court  13. STATE  13. CITY OR TOWN OF DEATH  13. STATE  13. CITY OR TOWN OF DEATH  13. STATE  14. FATHER'S MADIEN NAME  15. SOLIAL SECURITY NO.  17. INFORMANT  18. STATE  19. STATE  19. STATE  19. STATE  19. STATE  19. STATE  10. STATE  10	200	3. SE	(	4 F	RACE				6 AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER I YEAR	IF UNDER 24
7. BARTHMORE CITY OR COUNTRY   MARRIED   NEVER MARRIED   NEV	5000		Male		White	2			59		HS DAYS	HOURS
New Hampshire   United States   WIDOWED   DNORCED   Montgomery County   10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   172 USUAL OCCUPATION   172 USUAL OCCUPATION   173 USUAL OCCUPATION   174 USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF # # STREET ADDRESS / ZIP CODE   Attorney   Taw USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF # # STREET ADDRESS / ZIP CODE   Taw USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF # # STREET ADDRESS / ZIP CODE   Taw USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF # # STREET ADDRESS / ZIP CODE   Taw USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF # # STREET ADDRESS / ZIP CODE   Taw USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION OF # STREET ADDRESS / ZIP CODE   Taw USUAL RESIDENCE   Taw	9	7a. BI	RTHPLACE (STATE OR F	OREIGN 7b.			8.		9. BALTIMORE CITY O		DEATH	
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Gaithersburg 10549 Cambridge Court Attorney Law  USUAL RESIDENCE IF PUBLISHON OWNER OR OTHER INSTITUTION OWN RESIDENCE BEFORE ADMISSION 136. CITY LIMITS?  136. STATE 118. COUNTY 138. CITY OR TOWN 136. IT OR TOWN 136. CITY CRITICAL TO RESIDENCE BEFORE ADMISSION 136. STREET ADDRESS / ZIP CODE 10549 Cambridge Court / 208*  Maryland Montgomery Gaithersburg YES/X NO 10549 Cambridge Court / 208*  18. FATHER'S NAME MODIE LAST MAIDEN NAME ROLL FROM A ADDRESS (18. YES, CORE WARD OR DATES)  18. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (18. YES, CORE WARD OR DATES)  18. CAUSE OF DEATH EITHER ONLY ONE COURSE DOWN ON A CONSEQUENCE OF LOW COUNTY ON STATE OF THE COURSE (10.) Stoling the Underlying course lost.  18. CAUSE OF DEATH EITHER ONLY ONE COURSE (10.) STATE OF THE COURSE (10.) Stoling the Underlying course lost.  19. DUE TO, OR AS A CONSEQUENCE OF LOW COURSE (10.) STATE OF OPERATION TO TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10.  19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH YES WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. AUTOPSY2 10. INCERTIFYING CAUSES OF DEATH YES NOW PERFORMED 12. INCERTIFY NATION OF PROPERTY OF THE PART 1 OR PART 2. INCERTIFY NATION OF THE PART 1 OR PART 2. INCERTIFY NATION OF THE PART 1 OR PART 2.	Feed	10 C	TY OR TOWN OF DEA		NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION				F BUSINESS
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166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS	/20						ger		L.		Beau	udette
Yes Korean   003-16-6426   Mary Suzanne Boulanger, Same as 13      18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)     PART I. DEATH WAS CAUSED BY:   METASTATIC BRAIN DISEASE     Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.   (c)     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1:0     PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1:0     PART 2 OT	a dico							17 INFORMANT	ADDRE	SS		
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WHILE NOT WHILE AT WORK	hem 18 shows thry		OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M. MONTH DA	AY YEAR		YES NO 🛛	IN CERTIFYIN	G CAUSES	OF DEATH?
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	deolth and Mental Bygielle triansis marked or Item 18 shows they		OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC  21d INJURY OCCURR WHILE NOTIFY MAT WORE  22a.1 certify that (1)	CAUSE OF DEATH CALEXAMINER) RED HILE (Hirs hospital)	HOUR A. P. 21e. PLACE ( (AT HOME STR	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 FARM, ETC)	21c HOW INJURY OCCURI 21f LOCATION STREET	YES NO X RED (ENTER NATURE OF INJU	IN CERTIFYIN YES TO THE TENT OF THE TENT O	G CAUSES  OR PART 2)  COUNTY	OF DEATH
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Obaye, (1) (we told only view the body after death.  276. SIGNAFORE  WE SIGNAFORE  177. SIGNAFORE  PHYSICIAN & DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR PHYSICIAN DIRECTOR P	Dept. of Health and Mental	WEDICAL WEDICAL	OR CONTRIBUTING CIEF RITHER NOTIFY MEDIC  21d. INJURY OCCURR WHILE NOTIFY MEDIC  22a. I certify that (I) SOW the decease oboye, (I) (weether  22b. SIGNATURE  22d. PHYSICIAN'S NA	CAUSE OF DEATH CALEXAMINER) RED  ILLE  (Hins trospirati) Add olive on Add (did not) VI  AME (TYPE OR PRI  REMOVAL 2  ON	HOUR A P.I  21e. PLACE (AT HOME, STR  ottended th  V/y 5  ew the body  NT)  35. DATE  7-6-87	M. MONTH DAM.  OF INJURY REET, FACTORY, OFFICE, F  e deceased from after death.	AY YEAR 19 FARM, ETC.) , on	216 HOW INJURY OCCURION 216 LOCATION STREET  19 87  10 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220 ADDRESS 4343 MONTO EMETERY OR CREMATORY	YES NO NO RED (ENTER NATURE OF INJUING AND INTERPRETATION OF INTER	IN CERTIFYIN YES EYINITEM 18 PART I WN  te and hour on	G CAUSES  ORPART 2)  COUNTY  COUNTY  22. DATE  7/5  da  DUNTY	STA  STA  STA  STA  STA  STA  STA  STA



(VRA 15. 4)

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Gertrude Bradshaw LTYPE OR PRINT) OF ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS Female RAWhite DATE OF BIRTH IF UNDER 1 YR 6. AGE (IN YEARS IF UNDER 24 HRS DATE ALL BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OF COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) Writer. PA U.S.A. WIDOWED [ DIVORCED money D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Homemaker Home 3a STATE 13d. INSIDE CITY CHAITS? 13e. STREET ADDRESS 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Florence Bradshaw Jennie Buzard INFORMANT ADWRESS Silver Spg. MD William R. Braisted Ill University Blvd 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 201-20-9224 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PERMI PART I DEATH WAS CAUSED BY 201 W. PRESTON IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY PACE A SHOULD BE TO FUNERAL DIRECTOR, PACE A SHOULD BE AFTERDER THE WITH-THE STANTAND, TANTAND, TANTAN 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Notural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE ADDRESS 1919 Seminary Rd. Silver Spring. TYPE OR PRINT! John S. Roger, M.D. 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 7-17-87 Mt. Comfort Alexandria, Fairfax, Va. 07/84 74 FUNERAL DIRECTOR JOSE DA GAWLET'S SONE, INC. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 5130 WI Ave. NW Wash., DC 20016 (VR A15 ME (5))

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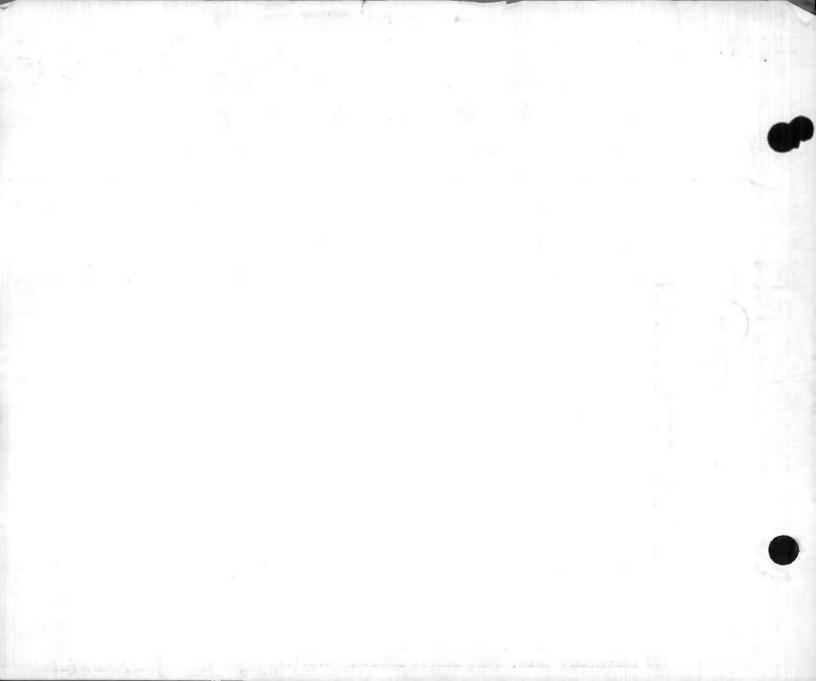
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REGISTRAR DECEASED NAME

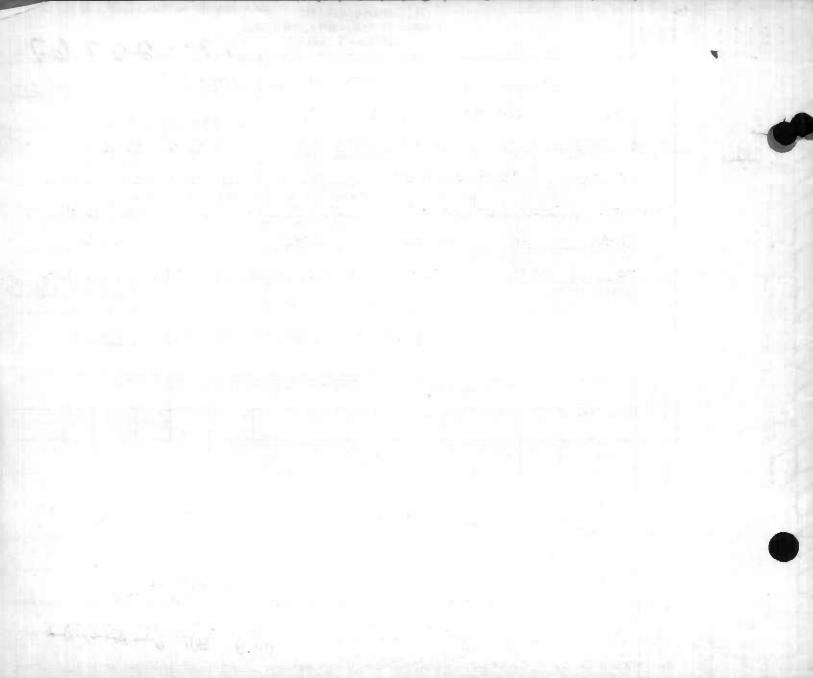
Montgomery County 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Vice President Insurance 13e.STREET ADDRESS / ZIP CODE 11924 Oden Court 20852 Dorrity Carol Jean Bridgers, Wife. Same as line# 4 vrs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (an) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 3800 Reservoir Road, N.W. 23c NAME OF CEMETERY OR CREMATORY July 8, 198 Parklawn Memorial ParkRockville Montgomery Maryland
A. Pumphrey Funeral Home,
ase, Inc. ADDRESS
AVE. Bethesda Maryland 24 FUNERAL DIRECTOR, Robert A. Pumphrey Funeral Home, Bethesda-Chevy Chase, Inc. ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

LAST



## STATE OF MARYLAND 061055 DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 26 HOUR TTYPE OR PRINTS July 25, 1987 5:30 Brougher Georgeann 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER TYEAR IF UNDER 24 HRS February 10, 1934 Female Caucasian 53 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery Indiana II.S.A. WIDOWED DIVORCED [ I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Suburban Hospital Bethesda Registered Nurse Nursing SUAI RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Prince George e Ft. Washington YES K 13e STREET ADDRESS / ZIP CODE 11908 Bion Drive 20744 Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDER MIDDLE Fornshell Clifford E. Jones Helen 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 11908 Bion Drive Ft. Washington, LYES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) B10-32-7706 No John Brougher Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).1 PART I. DEATH WAS CAUSED BY Carcinomatosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of Breast Canditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Py PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ YES | Mentol Hygie 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE 220 I certify that (I) (the XXXXXII) ottended the deceased from sow the deceased alive an. and that in (my) (ser) apinian death accurred on the date and hour and from the couses stated obove, (I) (we) (did) (dramat) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL TO FUNERAL D should be detoo with the Stote D PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME (TYPE OR P. 22e ADDRESS Jeremy V. Cooke. M.D. 10400 Conn. Ave., Kensington, Md. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Alexandria Virginia 7/27/87 Metropolitan Cremator Cremation 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE. 6160 Oxon Hill Rd. dia Devider. DHMH - 16 60M 7/84 George P. Kalas Funeral Home Oxon Hill, Md. (VRA 15, 4)

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR MITYPE OR PRINT Charles R. Brown 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR April 1, 1897 YEAR White Male 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Montgomery Seattle, Washington U.S.A. WIDOWED X DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Retired "BUSERY Gov't. Fernwood House Nursing Home Bethesda UDUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COUNTY 113c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 20852 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Rockville Montgomery YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Henry Melvin Brujordet Brown Sarah 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Kristine Chapman(granddaughter) same as 13e 539-05-1127 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ord (c).
PART I. DEATH WAS CAUSED BY: minutes 7. DRESI IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF ardiovascume Diseases Conditions, if ony, which gove rise to immediate couse (5), stoting DUE TO. OR AS A CONSEQUENCE OF underlying couse 4 Car Pns Ion PART 2. OTHER SIGNIFICAN ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOA NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 711. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) arked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77h SIGNIATOR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY Burial Sunset Lane Cemetery "Port Orchard," Washington 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRARI256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 1331 Rockville Pike, Rockville, Md. 20852 Tinder Pardel (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) BROWNSTEIN DEATH MATED IRENE Η. 4 RACE IF UNDER 1 YR. SEX 5. DATE OF BIRTH IE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female Cauc. DEAD 75 7/29/12 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Massachusetts U.S.A. WIDOWED & DIVORCED Montgomery County, ELLITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! OR INDUSTRY Supervisor (Retired) U.S. Gov't. Rockville 600 McIntvre Road THAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 130. STATE Rockville Montgomery NO 600 McIntyre Road (20851) Maryland 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST Pollack Handler Anna James Gaithersuburg, Md. 20877 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Ronnye J. Lee; Daughter; 106 Duvall Lane, 204 578-10-3657 NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Cardio Respira DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which Levio Belevosis Janowary gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL EX LAS A BURIA EALTH AND A PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19s. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CEATE WENTER FORWARDED TO THE CHILL TOR. PAGE 3 SHOULD BE UT THE STATE DEPARTMENTOR TO STATE D YES [] NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR LINDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3.5 AFTER DEATH, WITH THE STATE DEP BALL WORE, MARYLAND, 21201 PR STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK AT WORK 22s. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Suicide Hamicide ACTUAL DATE July 30,1987 SIGNATURE EXAMINER'S NAME ADDRESS 8218 Wisconsin Avenue: Bethesda, Nd JOHN F TAUBER. M.D. (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 8/2/87 Parklawn Cemetery Rockville; Montgomery; Burial Md. 07/84 74 FUNERAL DIRECTOR DANZANSKY-COLDBERG MEMORIAL CHAPELS 750 DATE REGISTRAR 251 REGISTRAR SIGNATURE 25M **DHMH - 17** (VR A15 ME (5)) 1170 Rockville Pike: Rockville, Md. 20852

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BREGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 59826 JUL 17 DECEASED NAME 20 DATE KNOWN LYPE OR PRINTI OF ESTI-RALPH Frederick ELAY IS NECESSARY, PLEA TO THE FUNERAL DIRECTION 1 PAGE 5 FOR YOUR FILE BE FILED, WITHIN 72 HOURS BE PREMISSION STREET 6. AGE (IN YEARS PRONOUNCED Male TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY North Dakota United States WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY ND31 ND31 JULD BE F #616 Programmer Computers 20815 Zip: 13d INSIDE CITY\_HMITS? IS MOTHER'S MAIDEN NAME MIDDLE Buckingham Grace Wagar Harold Frederick Donna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Mr. Richard WoorBuckingham, Brother, (IF YES GIVE WAR OR DATES) 33549 063-26-5040 19216 Blount Rd., Lutz, FL. Yes Korea APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter-only one cause per line far (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BLEEDING IMMEDIATE CAUSE (a) INTESTINAL ACUTE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ETHANOL ISM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g INER: THIS CONTROLLE WORK.

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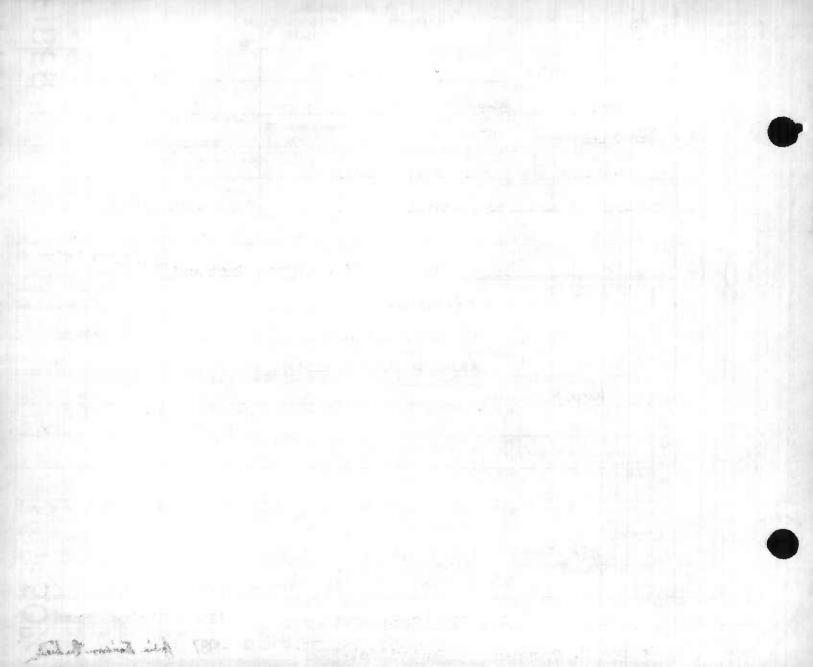
HE STATE DEPARTMENT OF HEALTH HE STATE DEPARTMENT OF HEALTH.

HE STATE DEPARTMENT OF HEALTH. CERTIFICATION DIMBETES MELLITUS 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? YES NO 4 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 OR HOUR A.M. MONTH DAY UNDERLYING 1519 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. AT WORK AT WORK 22a. I certify that I taak charge of the remain a scribed above, held an Autapsy Inspection and in my apinian EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOUNDED BY TO FUNERAL DIRECTO AFTER DEATH, WITH THE BARTIANGRE, MARYLAN Hamicide Undetermined manner death resulted fram: Accident Sweide TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY July 16 1987 Alexandria Metropolitan Crematory Virg Cremation 07/84 BP. 25M Robert A. Pumphrey Funeral Home/ **DHMH - 17** Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Bethesda, Maryland 20814 JUL (VR A15 ME (5))

Rockville le MD

(VRA 15, 4)

George R. Snowden



58891	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  8 / REG. NO. 2 0 / / 5								
1 P4 1	DECEASED NAME (TYPE OR PRINT)	ter Ray Butus	7/3/87	DAY YEAR 26. HOUR OS45						
ge 4 mo	Male	4. RACE Caucasian  5. Date of Birth 1"0"  9"	6. AGE (IN VEARS LAST BIRTHDAY)  55  YRS.	FUNDER TYEAR FUNDER 24 HRS.						
	North Carolina	Inited States	AARRIED 9. BALTIMORE CITY OR COUNTY MONTGOMERY	OF DEATH ME						
0 11/2/1	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST Washington Adventist Hospi	tal Name of work for most of working Life Maintenance	126 KIND OF BUSINESS OR REALTY Co.						
4133	Maryland Pri	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION] UNITY CE Geo.   13c. CITY OR TOWN   13d. INSIDE CITY OR TOWN   13d. INSIDE CITY OR TOWN   15d. INSIDE	NO □ 15125 Kalmia Dr							
100/65		Fred Burns Sr. Ruth		Quintơn						
and a seed of	60 WAS DECEASED EVER IN U.S.		n Burns (wife) Same as	s #13						
100	PART I. DEATH WAS CAU	only ane cause per line far (a)/(b), and (c) SED BY: ATE CAUSE (a)	- une	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
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The town	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFOR	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO						
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otheriding of the ship of the	21d INJURY OCCURRED	210 PLACE OF INJURY  [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]  211 LOCATIO  STREET	CITY OR TOWN	COUNTY STATE						
ATTENDI inp-tol or CTOR. A 3 for use a f Health	some Politica desert alive	pital) attended the deceased from 6 . and that in (my) (	(aur) apinian death accurred an the date and hau	19, tha (1) (we) last r and from the causes stated						

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 07/07/87 Falling Water Burial Water Burial Water Burial Home, P.A. 4739 Baltimore Ave. Hyattsville MD 20781

M.D

Lewis Dennis

230. BURIAL, CREMATION, REMOVAL

Burial

Spring Mills Berkeley W. TVA Falling Waters Presb. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

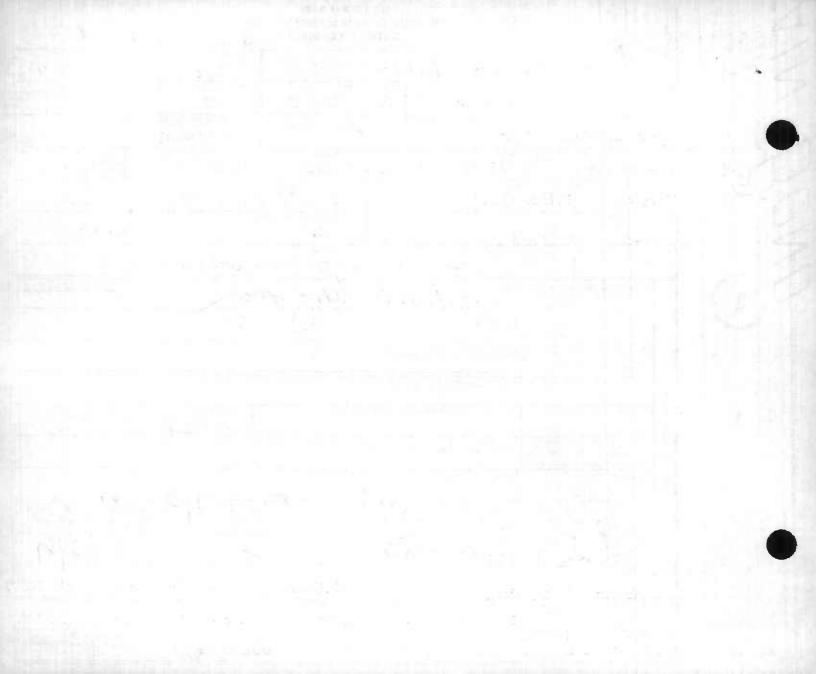
831 Univ. Blvd. E. Silver Spring, MD 20903

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY



John Burriss (Son) Same as 131 MATE INTERVAL MAAINAL DISEASAON CONDITION GIVEN IN PART I 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY and that in (my) toug) opinion death occurred on the date and hour and from the couses stated ATTENDING MEDICAL STAFF should be deto with the Stote PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS Prince Philip Drive Charles H. Ligon, M.D. MD 20832 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Buria1 Brentwood 7/18/87 Ft.Lincoln 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE Hines/Rinaldi 11800 New Hamp. Ave. S. S. Mdul (VRA 15, 4)

STATE OF MARYLAND

DHMH - 16 60M 7/84

26 HOUR 3: 20

STATE

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IF UNDER 24 HRS

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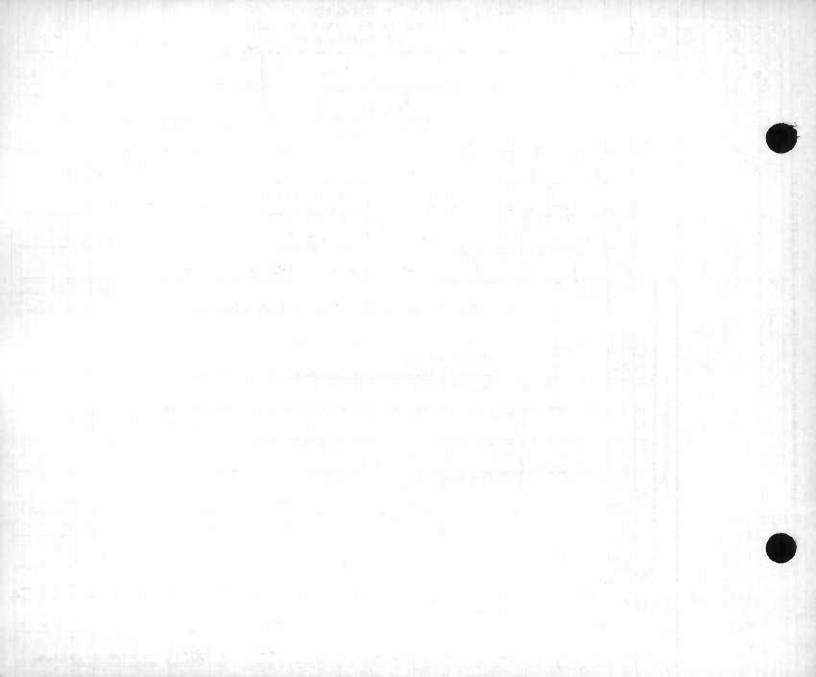
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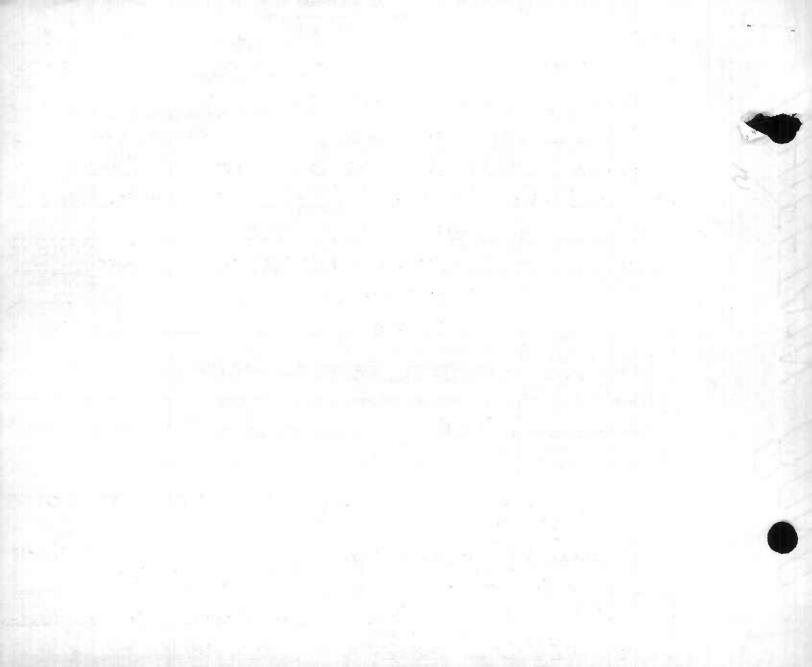
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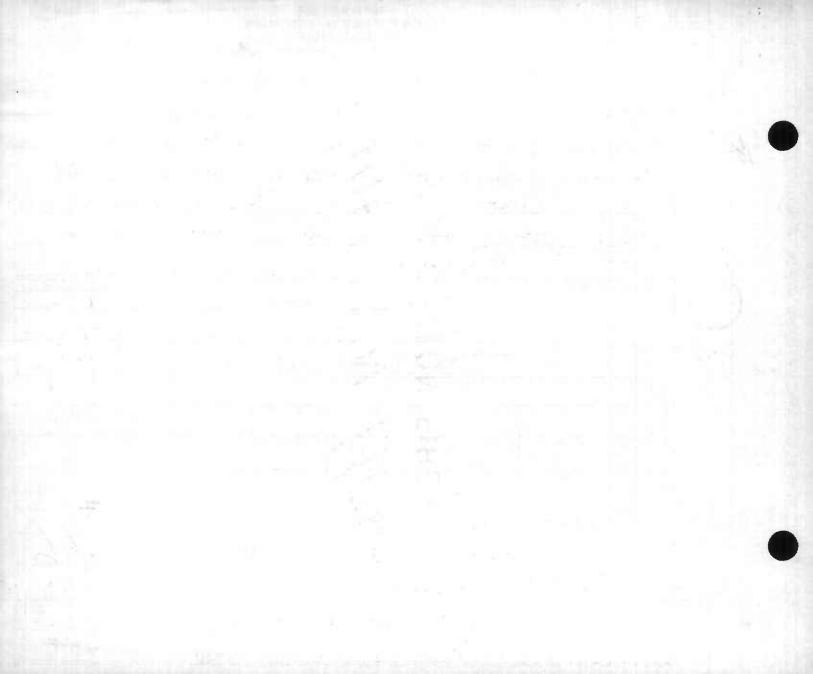
Richard Rapp, Inc., PO Box 43352 Washington, D.C. 20010

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE OF DEATH 2h HOUR TYPE OR PRINTS M. July 3, 1987 Anastasia Callahan 12:45am 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR April 27,1896 Female Caucasian To. BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8 Texas MARRIED NEVER MARRIED United States Montgomery County DIVORCED 10. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Secretary Rockville Potomac Valley Nursing Home County Gov. 1135 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE New Mexico Union Clayton 417 Cherry St. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Unknown Thomas McCartney FORMANT ADDRESS 12019 Coldstream Elizabeth A. Rose/Potomac, Md20854Dr 17 INFORMANT 525-86-2235D APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Bowel Obstruction 2 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Adhesion 6-7 days Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ Ca bowel 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Ca Colon NOV 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE August 22a I certify that (1) (this haspital) attended the deceased from. July (our) opinion deoth occurred on the date and hour and from the causes stated and that in my above. (I) (we) (did) (3d no body ofter death. DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN July 3, 1987 MPORTANT: 72e. ADDRESS 50 West Edmonston Drive Rockville, Maryland 20850 should be Paul T. Noone M.D. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL (SPECIFY Transit -23d LOCATION July 1987 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Burial Clayton Cemetery New Mexi 24 FUNERAL DIRECTOR ROBERTIAL ROCKVILLE Pumphrey Funeral Home/ HMH 16 60M 7/84 300 West Montgomery Avenue Rockville, Maryland





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 2b. HOUR 6, 1987 (TYPE OR PRINT) July 5:30A E. Rilev Campbell 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 1899 Dec. 24. White 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Montgomery Missouri WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY US Treasury Melrose Street Chevy Chase 13a. STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 7 E. Melrose Street/20815 Chevy Chase YES 3 Montgomery 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE MIDDLE Campbell William Guthrie Harriet ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. 216-46-6662 Julia S. Campbell. Same address as #13. No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiopulmonary arrest 5 min. DUE TO, OR AS A CONSEQUENCE OF 24 hrs. Acute myocardial infarction Canditions, if any, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse Coronary heart disease 40 vrs PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION Diabetes mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NA NOK YES 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 71d. INJURY OCCURRED 21st PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220-1 certify that (I) (this hospital) attended the deceased from December sow the deceased alive on July 5 1086 July 87 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN July 7, 1987 M.D. 22e ADDRESS 22 PHYSICIAN'S NAME RYPE OF PRINTS Alexander Fleming, M.R. 7209 Ridgewood Ave., Chevy Chase, MD 20815 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b DATE COUNTY Cremation Mt. Comfort Crematory Alexandria, VA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH - 16 60M 7/84 dia Divider Randallo 20016 5130 Wisconsin Ave, NW, Washington, D.C. (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 26 DATE OF DEATH MONTH 7h. HOUR TYPE OR PRINT 204 7COral 3. SEX 4 RACE & AGE (IN YEARS AST BIRTHDAY) IF UNGER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH YEAR 3 10 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MOINTGOMERY WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FORMONT OF ORKING LIFE) INDUSTRY ROCKVILLE Grove Adventist 13a. STATE 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? MONTGOMERS G-MTH ERSBURG YES X 7924 SPICE BETERY NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b. SOCIAL SECURITY NO. LIF YES GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MASSIVE CEREBRA DAYS IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG ERUSCLETUSIS CONGESTIVE HEART FAILURE MELLITUS 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE, FARM ETC ) AT WORK NOT WHILE JULY 220.1 certify that (1) (this haspital) attended the deceased fram... JULY 19 67 saw the deceased olive on. and that in (my) (our) opinion death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN X DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS 50178103 DR. 750 ANCHORS 9711 MEDICAL CONTOR MICHAEL ROCKVILLE 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY URIA DHMH - 16 60M 7/B4 (VRA 15, 4)

and I make a second and the second a

STATE OF MARYLAND FOR DEPARTMENT OF REALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) RIGOBERTO CANAL 4 RACE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX & AGE LIN YEARS LAST BIRTHDAY) YEAR Malo Caucasian January 4 1912 To BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED W NEVER MARRIED COUNTRY DIVORCED | Montoomeru Cuba 12b KIND OF BUSINESS 10. CITY OR TOWN OF DEATH INDUSTRY 12715 Lauhill Road Accountant Silver Spring ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 136 INSIDE CITY LIMITS? 12715 Lauhill Road 20906 Maruland Silver Spring Montagmery 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Iglesias Dolores Canal Jose ADDRESS 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 122-40-1162 Luisa Canal Wife Same as 13 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY HEDATIC WURS FAILURE IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF mos IN MULTIPLE LIVER METASTASES Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF OF PANCREAS underlying couse lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 OBSTRUCTIVE CERTIFICATION CHOLANGITIS -JAUNDICE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO I 716 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive on\_ above (this) (did) (did not) View the body after death DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANI th the BENTOLILA

DHMH - 16 60M 7/B4

(VRA 15, 4)

23a BURIAL CREMATION, REMOVAL SPECIFY Jul. 5, 1987 Metr Francis J. Collins, pres. Jr.

23c NAME OF CEMETERY OR CREMATOR

500 University Blvd. W. Silver Spring, Md. 209

Metropolitan Crematory Alexandria

Personal Commission Survey 4, 1910 and 25 and and an arms LAURENS IN rison sering 19715 ing it from Par Sand Mandegreeky Silver String II 15715 Lajuti Road 18806 17 , J. 1. 24 J. Total Control of the Control of the Control of THE STATE OF COLORS FOR THE STATE STATE STATE STATE OF THE STATE OF TH the lipinguister where, Mr. Sieupe Spring Mid. 19901

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

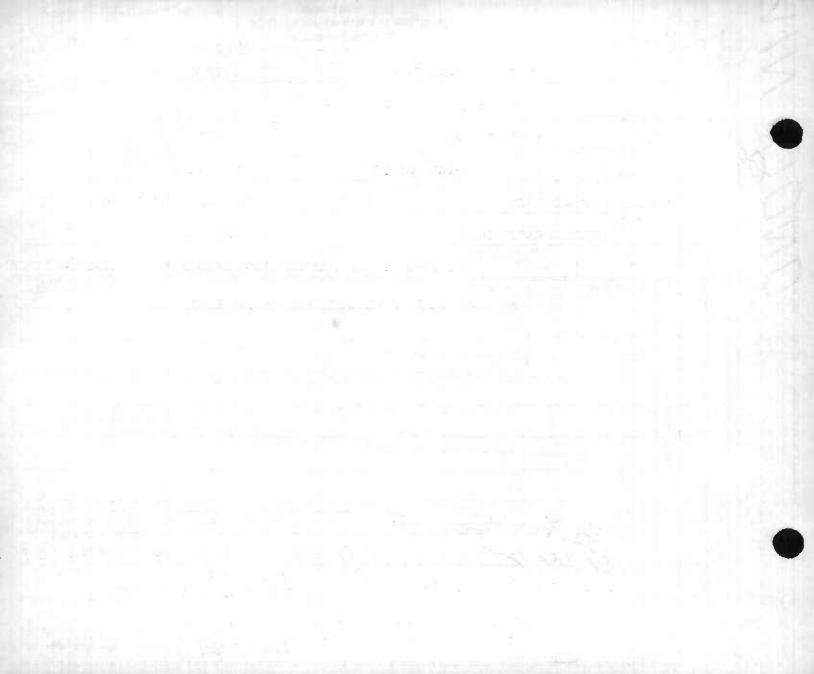
CERTIFICATE OF DEATH

FREG. NO.	600	0	1	Ö	

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1 3	.56)		4 RACE	5 DATE O		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR		
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2		IRGINIA	UNITED STATES	WIDOWE		MONTGOME	ŞΥ		MD.	
11	D CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME O		12a USUAL OCCUPAT	ON	12b KIND C	DE BUSINESS OR	
1		BETHESDA	NAVAL HOS	SPITAL		HOSTESS WAKE	artress ?	Home Home	Club	
$\mathcal{A}$	3a. S	TATE 13b COU			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		99	1999	
		STRICT OF COLU	MB1.A		YES NO NO S. MOTHER'S MAIDEN NAM	3706 ELY 1	PLACE,	SE 20	0019	
X		ALEXANDE	R MARTTN		FIRST	NNAH HICKS		LAS	ST .	
		AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
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		IMMEDIA			DONO OPRIODIC					
1	94	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF						
		gave rise to immediate cause (a), stating the	(b)							
		underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	J IN PART 1		
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1	CATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
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	MEDICAL	OR CONTRIBUTING CAUSE OF DE	Ain .	19						
	ā	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		211 LOCATION	CITY OR TO	WN	COUNTY	STATE	
ľ	2	NOT WHILE AT WORK	TAT HOME STREET, PACTORY, OFFICE P	ARM, ETC.)	JALLI	CIII OK 10			STATE	
Т			oital) attended the deceased from_		Y 19 19 87	_,	JULY 19	87	that (I) (we) last	
ı		saw the deceased alive of	n JULY 31 19 ot) view the bady after death.	87_, and	d that in (my) (aur) apinian d	leath accurred on the de	ate and hour o	ind from the	causes stated	
П		22b. SIGN ATURE	n new the body after death.		EGREE		-A			
1		V. M. Wo	ver	/	ATTENDING PHYSICIAN	MEDICAL STAT		8-	SIGNED 7	
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS NAVAL	HOSPITAL				
-			KER, LT, MC, USNE			SDA. MD 208	314 - 501	1		
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ige 4 rector.		Male		Caucasian			per 04, 1900	86	THS DAYS HOURS MIN.			
9 5 5 CP		RTHPLACE (STATE OR FOR	EIGN 7	b. CITIZEN OF	ITIZEN OF WHAT COUNTRY? 8		NEVER MARRIED	9 BALTIMORE CITY O	<u>R</u> COUNTY OF	DEATH		
\$ 000 C		Vermont	1	United	States	WIDOWE		Montogmer	v Count	LV. MD.		
by the full of within		ty or town of DEATH	1		HOSPITAL, NURSIN CH FACILITY, GIVE STREET LOURDAN HO		or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Sr. Representative PEPC				
24 hour					GIVE RESIDENCE BEFORE 130. CITY OR TOW Bethesda		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	a Ave./20814		
IAP		THER'S NAME	MOITE	gomery	Dernesu	1	15. MOTHER'S MAIDEN NA		riginia	a Ave./20014		
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MORE e execu		(ES, NO OR UNKNOWN)		WAR OR OATES)								
TIM S. P. o. o.	_	No			577 09 34	+69	Mary C. Carte	er San	ne as #			
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deoth ce attending ove carb		Conditions, if any, v	/hɨch	DUE TO, C	OR AS A CONSEQUE	NCE OF	LEVKEMI	A		2 months		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The faw require that the death certificate be executed within 24 hours of referred physician. Wher this certificate has been applied to the death of the physician and completely filled in by as the buriol-transit permit it in a first move carbon papers. Pages 1 and 2 shall the fille than and Mental Phygene pricing the contraction, or removal.  Or ked or them 18 shows ony into the physician contraction of the medical examiner must be provided or them.		gave rise to imme- cause (a), stating underlying cause	the	DUE TO, C	DR AS A CONSEQUE	NCE OF						
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he low on. The permit ene prid	CERTIFICATION	198 DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA'  YES NO				
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LL OR AT the hosp LL DIREC stoched the Dept		22b. SIGNATURE	oste.	H_	y offer death.		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F	7/20/87		
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BP		SPECIFY) Burial					Heaven Cem.	Silver S		Maryland		
DHMH - 16 60M 7/84 (VRA 15, 4)	34 Ft Bet	hesda-Chevy 7557 Wisc	bert onsi	A Pun	phrey Fur Bethesda	meral Mary	Home/ 250. DAT	E REC'D BY BEGISTRAR	256 REGISTRAF	S SIGNATURE		



1170 Rockville Pike; Rockville, Md. 20852

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

37 REGISTRAR DECEASED NAME 20 DATE OF DEATH 2h HOUR TYPE OR PRINT 07 - 22 - 879:55 CATE ANNA J. A AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3 SEX 4 RACE IF UNDER TYEAR July 26,1900 YEAR 86 Female Caucasian TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County, United States Massachusetts WIDOWED XX DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Secretary Circle Manor Nursing Home U.S. Gov't Kensington SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Rockville Montgomery Maryland 1116 Edmonstone Drive/20851 YES X NO [ FATHER'S NAME IS MOTHER'S MAIDEN NAME Watson Not available Not Available Ivans 1830 Greenway Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ralph E. Cate Sr. Frederick, Maryland 21701 215 46 2910 18 CAUSE OF DEATH (Enfer only one cause per the far (a), (b), and (s) PART (). DEATH WAS CAUSED BY: Cuci Nora IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the defeased fram sow the deceased alive on\_ and that in (my) your) opinion death occurred on the date and hour and from the causes stated and (did nat) view the bady after death 226 SIGNATUR **ALCIREE** 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) July 24,1987 Parklawn Memorial Park Rockville Montgomery, Maryland Burial

Julia Devidson Randallo

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT

Rockwille, Inc 300 W. Montgomery Avenue Rockwille, Maryland 20851

Pumphrey Funeral Home.

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	ALE N. W. T. T. W.		ACTUAL SIGNATURE	Sol	() an	le.	2	M.	Dog Dog	MED MED	ICAL EXAMIN	ER C	DATE SIGNED_	7-17	-87			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE BTATE REGISTRAR CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 1. DECEASED NAME MONTH 26 HOUR (TYPE OR PRINT) IF LINDER 21 HRS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 121 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET, ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OF UNKNOWN) LIFYES GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Disease Levebrorashulat Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 1 21g, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from... \_19 \_ / O \_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not view the body ofter death 22c. DATE SIGNED 226. SIGNATURE DEGREE STAFF ATTENDING DIRECTOR | PHYSICIAN | MPORTANI 22d. PHYSICIAN'S NAME 22e ADDRESS nese 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE CITY OF TOWN COUNTY (SPECIFY) Clarksburg Monta Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Rockville, MD George R. Snowden (VRA 15. 4)

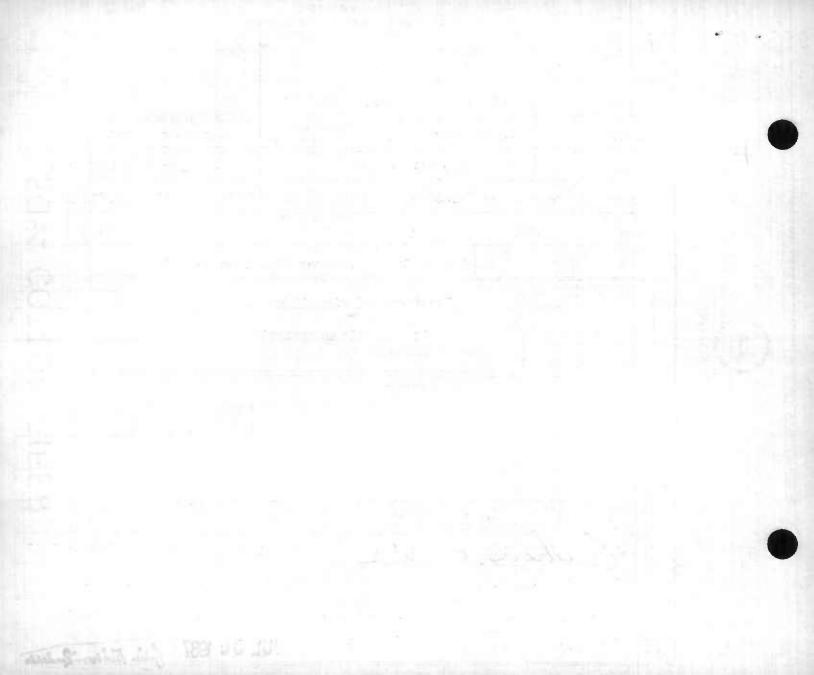
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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detoche rate Dep		22b. SIGNATUR	ille	ene.	e.a	ini	ATTENDING PHYSICIAN	MEDICAL STA		July	1,1987		
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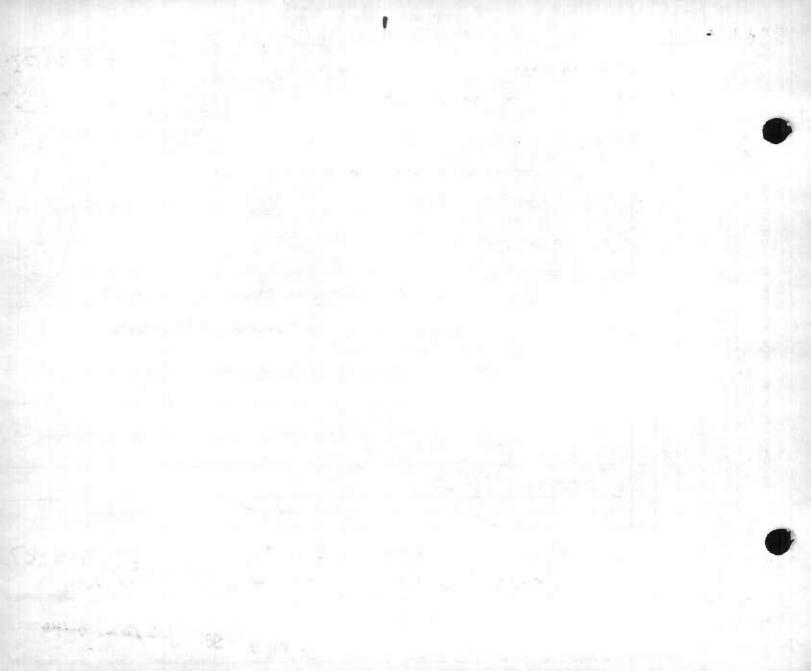
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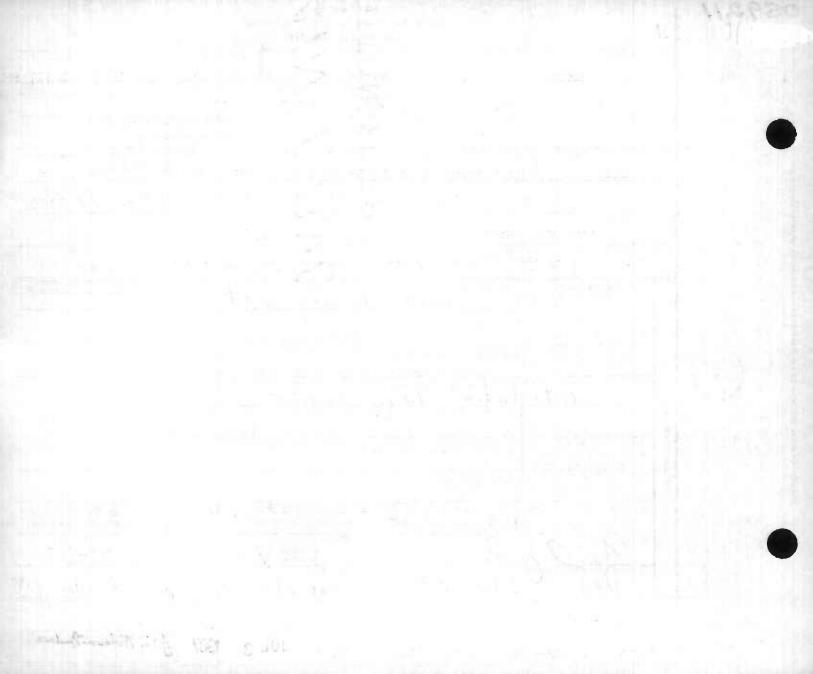
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	17	saw the deceased alive an	tol) attended the deceased from	87, and that in (my) (our) apinion			, that (I) (we) last e causes stated
		above, (I) (we) (did) (did not	t) view the bady after depth.	DEGREE	and accounted an internal		E SIGNED
		That seem	-A /m	ATTENDATO	DIRECTOR PHYSICI		13/87
1	1	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	DIVECTOR - PULSICI	AIN	
I		Luis A.	CASAS MIL	8317 CI	HERRY LA.	LAUREZ MD	20707
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
		Burial	7-8-87 M	t. Zion Cemetery		Anne Ar.	
7/B4	24 F	George R. Sno	owden paper	ville, MD 20850	LE REC'D. BY REGISTRAR 2	Julia Desider	- Kandaud
. 143		George K. Sile	AMOCK WOCK	VIIIC, 11D 20050		<u> </u>	

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIENE - STATE RT REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH KNOWN (TYPE OR PRINT) OF RAT PH COLEMAN DEATH MATED 19 87 3 SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED 6:18 AM Aug 28 1943 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Georgia DIVORCED Montgomery County 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Silver Spring Holy Cross Hospital Postal Clerk (DOA) Postal Svc 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery 1502 Wheaton Lane Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Pete Coleman Evelyn Bennett 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Saundra Coleman/wife 1502 Wheaton Ln. 260-66-5170 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION MENT OF HE TO BURIAL, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STITLE ABOUTH, WITH THE STITLE ABOUTH, WARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Natural causes Hamicide TITLE (SPECIFY) Deputy Chief 7-14-87 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 23c. NAME OF CEMETERY OR CREMATORY Arlington, Va. STATE Burial Jul 17 1987 Arlington National McGuire Fun. Svc. ADDRESS 7400 Georgia Ave NW 250. DATE REC'D. BY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Wash. D.C. 20012

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10000		CEASED NAME	FIRST		WIDDLE			LAST		20.	DATE KNOW	N MONT	H OAY YEAR	76 HOUR
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	3. SEX		RACE	5. DATE OF BI	D.	TA AGE (IN Y			15 117 050 0			MONTH	19 DAY YEAR	W
	C	2 12		MONTH	OAY YEAR	LAST BIRTH	DAY) MONTH		HOURS 1		DATE	MONTH	, DAT TEAR	24 HOUR 0326
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Sol		Vermont	-31/	Unit	ed Sta	tec	WIDOW		DIVORCE		MON	300	MEN	HLY,
	M.C	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NI	URSING HOM		ER INSTITUTI		120 USUAL		(TYPE OF WOR	K 126 KIND OF BL	
<	E	ockville			CH FACILITY, GIVE						OF WORKING LIFE	-,	OR INDUST	
		AL RESIDENCE (IF		ROTHER INSTITUTE	ON PIVE RESIDENCE	E BEFORE A OMISS	test	Nash.	ital	Hor	nemakei		Own Ho	me
-	130 S	TATE	13b. COUNT	TY	13c. CIT	Y OR TOWN	JON)	13d INSIDE CIT					777	47
2	Co	nnecticu	it New	London	Le	dyard		YES 🗌	NO X	60 Gal	llup Hi	111 Rd.	Ext./06	339
1		ATHER'S NAME FIRST		MIDDLE		LAST		15. MOTHER	R'S MAIDEN	NAME	MIDDLE		LAST	
0		Herbert				Donna		No			Milodas		LaFlam	m
	16a. \	VAS DECEASED I	VER IN U.S. ARA		16b SC	CIAL SECURI	TY NO.	17 INFORM	ANT Mag	Tomo	ADD	RESS	Ly, Son,	411
2	(4	NO NO UNKNOW	(IF YES, GIVE V	WAR OR OATES)	0/2	-64-87	2.2	00 0	Mr					
							) )	188 SE	illmaı	n Road	I, N.St	oningt		06359
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AL.		4		E CAUSE (o)		ardi	D FT	261	rat	orv	1	ures,	1	
HEALTH AND MENTAL HYGIEN  AL, CREMATION, OR REMOVAL  A.		-		DUE TO	, OR AS A CO	NSEQUENCE	OF				1			
EM H			if ony, which		Car	Ma	cu	ar	tex	SOF	cler	2180		
Z X			to immediate	(b)_	, OR AS A CO			)	•					
		lying couse	lost.		,		0.							
1				(c)			7							
	-	PART 2 OTHER SIGN	FICANT CONDITIONS O	ONTRIBUTING TO O	DEATH BUT NOT REI	LATEO TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN IN PART	1 (0				
	ō													
3	3	190. DATE OF O	PERATION	19b. CO	NDITION FOR	WHICH OPE	RATION W	AS PERFORM	AED?				20 AUTOPSY	
X	Ē			50 6.3									YES 🗆	NO X
>	CERTIFICATION	210 EXTERNAL			E OF INJURY	Page 1		W INJURY C	OCCURRED	(ENTER NATU	RE OF INJURY IN IT	EM 18 PART I OR		- 22
>		UNDERLYING	OR CAUSE OF D		A.M. MONTH		R							
	MEDICAL	21d INJURY OC			P.M. ACE OF INJUR	Y (AT HOME,	71f 100	ATION						
	ME		NOT WHILE		FACTORY, FARM.			TREET		CIT	Y OR TOWN	0	COUNTY	STATE
		AT WORK	AT WORK							/				
			that I took charge	e of the remoin	s described ob	ove held on	Autops		Inspection			and in mi	aninian.	
								,			nquiry L.	ond in my	opinion	
		deoth resulted	rom: Noture	ol couses	. Accident	ш, s	uicide	, Homicic	de L.J.	Undetermi	ned monner	<b>□</b> .		
		ACTUAL	1/1		1	0.		TITLE (SPI	ECIFY		4	0.17		0-2
_	1	SIGNATURE_	Les a	~	) ou		M	D. DEC	Soria	_MEDICAL	EXAMINED	DATI	VED 7-3	18
		EVAMBLES/C :	1	1	1	h = =				. K	Sett	0 2970	_	
d		(TYPE OR PRINT	AWE C	DW	101	roa		ADDRESS_	3217	3 64,	SCON	NIC	Na	
	23a.B	URIAL CREMATIC		3b. DATE -	1 734	NAME OF CE			RY	23d. LOCAT				
	(5	PECIFY)	,	Ju	TA							CC		ATE
	74 E	Burial UNERAL DIRECTO	OR TO T	7,1987	St			Cemet			ville	REGISTOR	Connect	cut
	Be	THESda-C	KUDETI	se; In	mphrey	Funera 7 Wisa	l Hom	ie (	- IIII C	C'D. BY PEC	87 AK	Den Janes	NAME .	
5))	1		are vy Office		ethesda	Mary	L ond	28XFX	1111 3	,				



059211	1		STATE OF MARYLAND			
-4 A 100 100	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE	0 1 9	1
UOL 10	REGISTRAR	1316 2717	CERTIFICATE OF DEATH	REGINO	, 0 /	•
J	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
by be oge 3 death	George	F.	Contee	July	3. 1987	11:17 MPM
am . poc	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	
ge 4 ecto irs of	Male	Black	Nov. 8, 1921	65	YRS	MIN.
deoth. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O		MD.
offer of the	10. CITY OR TOWN OF DEATH  Olney	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Montgomery Gen		12g USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Messenge	F WORKING LIFE) INDUSTRY	Energy t. of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 BILLS THE SECONDS ST., BALTIMORE, MARYLAND 2120 CHARLE ST., BALTIMORE, MARYLAND 2120 CHARLES ST., BALTIMORE, MARYLAND 2120 CHARLES ST., BALTIMORE, CALLINGS ST., BALTIMORE, CA	USUAL RESIDENCE LIF NURSING HOME	or other institution give residence befountly law city or to Silver	RE ADMISSION)		ZIP CODE adford Rd	
YLA rehim	14 FATHER'S NAME		15. MOTHER'S MAIDEN NA	AME		
E, MAR	Robert Robert	t Contee LAST	FIRST Ne	llie Powel	1	AST
RE, R	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRE	SS	
IMORE e execu n and c Pages	(YES TO OR LINKHOWN) HEYES	GINETIT 212-14	-5374 Mary I. C	ontee (wif	e) same as	s #13
ALTI te b sicior sol.	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a) (b) a	nd (c)	1	APPRO	EXIMATE INTERVAL N ONSET AND DEATH
phys phys popp prove ent,		anly ane cause per line for (a), (b), a SED BY:	la silmantry a	cest	BETWEEN	ONSET AND BEATH
rent cent	IMMEDI	ATE CAUSE (U)	0			
oth and e can must am and a mu	6 15: 4	DUE TO, OR AS A CONSEQU	JENCE OF			
RES of the second	Canditians, if any, which gave rise ta immediate	1b)	360313	<del></del>		
* * ***	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	DENCE OF			
0 4 (p) 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0		(  c)				
Sc. 2		1	DEATH BUT NOT RELATED TO THE TER	minal disease or cone	)ITION GIVEN IN PART 1	la,
OR OF THE PROPERTY OF THE PROP	<u>e</u>	astatic 1	ung cancer		I an a suit a late of the	
SEC.	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	
A State of	2			YES NO	YES [	NO []
N N DO THE O	OR CONTRIBUTION TO CAUSE OF		PAY YEAR 216. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART   OR PART 2)	
0 0 0 0 0 0	IF EITHER NOTIFY MEDICAL EXAMI		19			
IVISION affection affection the that the and M the and M	CONTRIBUTING CAUSE OF THE PROPERTY MEDICAL EXAMINATION OF THE PROPERTY OF THE	21e PLACE OF INJURY TAT HOME STREET, FACTORY, OFFICE	FARM, EIC) 211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
9 4 19 1	220.1 certify that (1) (this has	spital) attended the deceased fram.	7/3 1983	10_7/3	19 83	, that (I) (we) last
E4 925 5	saw the deceased alive	nat) view the body after death.	and that in (my) (aur) apiniar	n death accurred an the do	ite and haur and from the	e causes stated
A SE	77h SIGNATURE	1 0	DEGREE		22c. DATI	E SIGNED
24 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1000	Anli	ATTENDING I PHYSICIAN	MEDICAL STAF		4/87
E 2 2 2 2 7	22d PHYSICIAN'S NAME (TYP		22e ADDRESS	of succession of the second	77	161
Sold Park A	Nes	Julie MI	2901 0/0	12. Send 45	accorded 6	Dlaga MD
01 513 54		01110	0/21	23d LOCATION	(27)	11/00/10/2
20	230 BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
BP	Burial	7-8-87 N	orbeck Mem. Parl		, Montg. N	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS	1le, MD20850 30	JE REC'D. BY REGISTRAR	CULACI JEST SIGNA	- The local
(VRA 15 4)	George R. Sno	owden Rockvi	Lie. MD208501	-0 1001	U	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 0 4 300		OF STARK				REG. N			
	1. DE	CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
poge 3	1	PAU	4	C	ook		07-2	1-187	17:37M
P	3. SE.		4 RACE	S. DATE O		6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER TYEAR	IF UNDER 24 HRS
rs off		Male	0	MONTH 5	- 05-1918	69 y	YRS.	MONTHS DAYS	HOURS MIN.
22 69		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
61		NEW YORK	U.S.A.	WIDOWI	DIVORCED	MONTGON			MD
11/1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS OR
6/1		KOMA PARK	WASHINGTON A	DVENTI	ST HOSP'T.	MAINTENANCE			IGH SCHO
1135		STATE 13b COU	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 136, CITY OR TO TAKOMA	NWN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS 7216 15	ZIP CODE	E.	20912
18/11	14. FA	THER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE		ŁAS	T
13/30	1	CORRELL	COOK		PEARL			OLDER	
S Too		VAS DECEASED EVER IN U.S. AF		CURITY NO.	17 INFORMANT	ADDR	SS		
s. Poges	- (	YES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES)	7839	SAMUEL R. CO	OK (S	AME A	S ITEM	All and a second
operation of the control of the cont		18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), ED BY:	and (c).1	11 + 5	(D )	- 10	BETWEEN	MATE INTERVAL ONSET AND DEATH
0000			TE CAUSE (a)	use	Heart lac	lure			
of o			DUE TO, OMAS A CONSEC	UENCE OF	2 -4	-			
9 19 1		Conditions, if any, which	( b) Corone	ary C	Erlery Dis	ease	)		
# E D		gove rise to immediate couse (a), stating the	)						
200		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEG	DUEN OF	V				
P 9 9 5			(c)					_1	
13.63	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT			DITION GIV	EN IN PART 11	9
( 章 丁章 )	CERTIFICATION	Dardonegy (2)	beenaker (3)	Cmate	nestes (4) anem	vals Cack	refer	5 Sery	ere
Vill in	18	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	- 200 AUTOPSY?		WERE FINDIN	
New	ĬĔ	11.00				YES TO NOT		YING CAUSES	
1111	E .	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		1214 HOW INTURY OCCUPE	- 94		S 🗌	NO 🗌
100		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IB P	PART I OR PART 2)	
1011	18	(IF EITHER NOTIFY MEDICAL EXAMINE		19		- 6			
1000	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO		COUNTY	STATE
# # B B	Σ	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	STREET	CITY OR IC	WIN	COONIT	SIAIE
4040			ital) ottended the deceased from		AN. 10 72	alle	1.5.1	10 817	
X 1 2 1		saw the deceased alive ar		04	, 17	10		/	that (I) (we) last
2000		above, (I) (we) (did) (did no	ot) view the bady after death.	, a	nd that in (my) (aur) opinion o	deoth occurred on their	ate and hav	r ond from the	causes stated
# # # # # # # # # # # # # # # # # # #		22b. SIGNATURE	0 :		DEGREE			72c DAFE	SIGNED
000 =		111V	MainMID		ATTENDING &	MEDICAL STA	FF CLAND	7/3	187
4-61-2-	1	22d PHYSICIAN'S NAME (TYPE	Salvi Ne		22e ADDRESS 1/70		Olum	1.15	The state of
PORTANT		ALZN R.	Gair MD		-41	ring, Mo	}	Dick 1	TNO
2512		SURIAL, CREMATION, REMOVAL	. 23b DATE 23	c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
P		CREMATION	7-23-1987		RS CREMATORY	RIVERDA	T.T.	P.G.C.	Md.
	74 FI	JNERAL DIRECTOR			25- 0 47	E REC'D. BY REGISTRAR			
H - 16 60M 7/84	24	NAME	ADDRESS		20737 JUI	O O 4007	1 1	200 0	A .
(VRA 15, 4)		W. W. CHAMBERS	CO. RI	VERDAL	s, Md.	48 198/	Julia	Develop.	Kindara

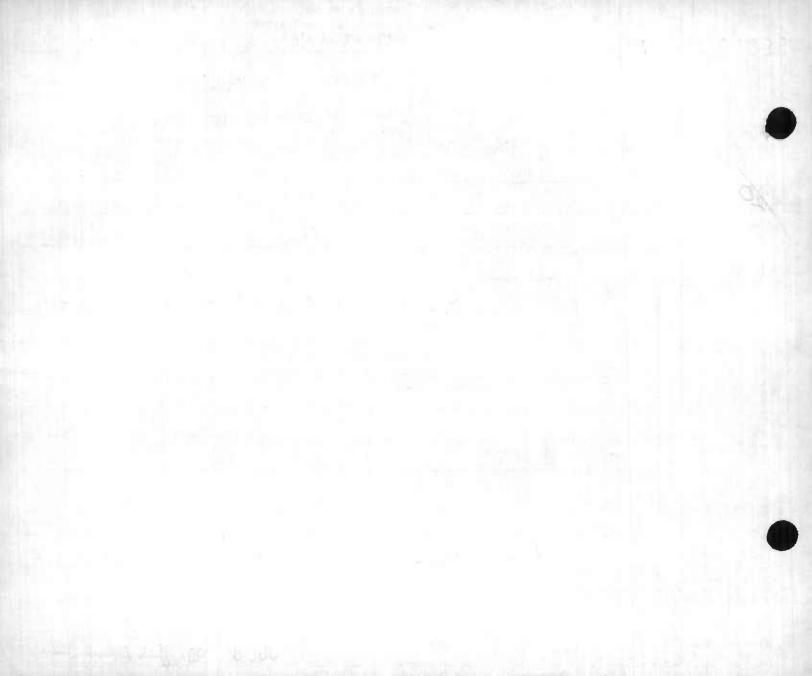
AND ROOM, DESCRIPTION OF THE PROPERTY OF THE P ALL CONTROL OF THE PARTY OF THE LODE TO AN I DOWN A COME OF THE THE THE PARTY OF THE PART .32.6 THE SAME STATE OF THE PARTY OF

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 26 DATE KNOWN SR. CHARLES (TYPE OR PRINT) ESTI-0 vo-Cx 2V/C DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YE IF UNDER 24 HRS DATE DEAD To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED DE NEVER MARRIED West Virginia USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Research Retired USUAL RESIDENCE LIFTIN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION BALTIMORE, MD. 21201 13a. STATE 13c. CATY OR TOWN 13e STREET ADDRESS Durant 13d. INSIDE CITY LIMITS? YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAM J'DDLE Cooper Rose MIDDLE George Berne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS Claudia L. Cooper-wife-(same as 13e) 234-10-8599 CAUSE OF DEATH (Enter only one couse per line for let (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS-A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GET BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ TWENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING 3 SHOU CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM FIC I CITY OF TOWN STATE COHNTY WHILE AT WORK TO AT WORK TO MEDICAL EXAMINER: TY
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE SIT,
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes. Suicide Hamicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER XAMINER'S MAM 1919 Seminary Rd., Silver Spring, Md. John S. Rogers, DME ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Blue Ridge Memorial Burial 7-20-1987 W. VA. Raleigh Beckley 07/84 BP 24 FUNERAL DIRECTOR 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hines/Rinaldi Funeral Home (1100 N.H. Ave. **DHMH - 17** Dividion Pandallo (VR A15 ME (5)) Silver Spring,

S.JUL

	1					STAT	E OF MARYLAND				
		FOR STATE			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	SIENE		1 11	7.1
0022	1111	REGISTRAR				CERTIF	ICATE OF DEATH	A REG N	2 U	0 0	U
0.002		DECEASED NAME	FIRST		WIDDLE	l	AST	20 DATE OF DEATH	MONTH DA	AY YEAR 2b	HOUR
poge 3		1	/irgini	.a	L.	Cr	awford	July 6	1987	1	1 - 45a M
tor, po	3	SEX		RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR IF	UNDER 24 HRS
ge 4		Female		W	hite	77.01411	st 23, 1928	58	YRS	JATHS DATS HO	DURS MIN.
dir day	7	BIRTHPLACE ISTATE OR			WHAT COUNTRY?	R	NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
erol rate	5	Pennsylvani		United	States	WIDOWE		Montgomer	v Coun	+ 17	MD.
b com	-61	CITY OR TOWN OF DE		1. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND OF BI	
1 /2/1	0	Bethesda			CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O			1 1
100		SUAL RESIDENCE (IF NUR			amestown I			Administrativ	e Asst.	Private	school
1U	5	3a STATE	136 COUNT		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
	-	Maryland FATHER'S NAME	Montg	omery	Bethesda	a	YESXXX NO	4520 James	town Re	oad / 20	816
1 12/4	7	FIRST	MI	DDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST	
9.0	4	Herbert		Μ.	Lowry		Mildred			Vollra	th
nd cc ges 1	-/-1	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
P P	7	No		/ <b>A</b>	182-24-9	9274	William R. C	rawford, S	ame as	13	
the person	10	18 CAUSE OF DEAT			line for (a), (b), and	die .	4	4		APPROXIMAT BETWEEN ONSE	E INTERVAL
physicia on papers. enfoval.	13	PART I. DEATH V	VAS CAUSED	BY:		asta	atie Brea	ast Oun	cen	34	~
			IMMEDIATE		1/2.					-	4.
death attendi		C 111	1	DUE TO, O	R AS A CONSEQUE	NCE OF					
the attending emove carb emotion, ac-		Conditions, if any gove rise to im	mediate	(b)							
y the e rer crem ther		couse (a), state underlying coust	ng the	DUE TO, O	r as a conseque	NCE OF				100	
the d b				( Ic)							
equires in signed Then plur in to burn injury, o			NIFICANT CO	NDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1:0	
been mit. Tl prior t		19a DATE OF OPERA	TION	TIPL COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h JE YES	WERE FINDINGS	LISED
. S 0 0 S	1			176. CO.15		0.5	THE TEM CHINED		IN CERTIFY	ING CAUSES OF	DEATH?
0 6		710. ACCIDENT WAS UN	DEBLUMIC C	21b. TIME C	E INTUIDY		Tal. HOW INTUING OF CHIE	YES NO	YES		40 🗌
certificate rial-transit ental Hygi ttem 18 sh	100	00.00.00.00.00.00.00		110110 4		YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	AT I OR PART 2)	
ding ph is certific buriol-tr Mental it		(IF EITHER NOTIFY MED	ICAL EXAMINER)	Ρ.		19				121	
o A bu		(IF EITHER NOTIFY MED  21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
After the e as the olth and marked o		WHILE NOT W	MILE DRK								
R Aft use as Health is mar		220.1 certify that (I	(this haspita	l) attended th	e deceased from_	Augi	ist. 19 84	to_July 6,		987that	t (I) (we) lost
hospital IRECTOR hed for us ept. of Hee						3 / at	nd that in (my) (aur) apinion	death accurred on the d	ate and hour	and from the cau	ses stated
N ATTENDING PHYSICIAN, hospital or attending physicians INRECTOR After this certifical hed for use as the burind-transept, of Health and Mental Hythem 21 is marked at them 18.		22b. SIGNATURE	did) (did not)	view the body	after death		DEGREE			224 DATE SIG	NED
0 0 0 00 -			1	1/2/2	. 11		ATTENDING	MEDICAL STA		7-6	.07
HOSPITAL ned by th FUNERAL old be det the State		22d. PHYSICIAN'S N	AAAE JUNG ORG	10ru	- The same of the			DIRECTOR PHYSIC			OF
HOSPITAL ined by the FUNERAL wild be det to the State ORTANT.	1	ZZO. PHISICIAIN SIN	AME (TYPE OR F	KINT]			22e ADDRESS 5401 V			N	
retained by the TO FUNERAL should be detained by the State Important.	/	Frederi		Smith,			Washir		20015		
ē ⊬ ~ × ₹	2	30 BURIAL, CREMATION	REMOVAL	23b. DATE	7, 23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		Cremat	tion	July		ropol	litan Cremator		ria, N	/irginia	SIAIS
HMH - 16 60M 7/1	2	4 FUNERAL DIRECTOR			p, Incress			E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATURE	
(VRA 15, 4)	04	P. O. Box	13352.	Washi	naton. D	C 2	20010	UL 8 1987	Aulia	Divideon . K	andress
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO SE E ASED NAME 2ª DATE OF DEATH MONTH 76 HOUR inla 0 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY IF LINDER LYEAR IF LINDER 21 HRS 3. SEX MONTH YEAR - 06 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** To. BIRTHPLACE ( STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY United States Montgomery Massachusetts WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 21201 Takoma Park Washington Adventist Hospital Housewife Home 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTIMORE, MARYLAND Hyattsville Maryland Pr. Geo. 6500 Riggs Road, 20783 YES X NO [ 15. MOTHER'S MAIDEN NAME FATHER'S NAME Ella Fitzgerald Herbert E. Tucker ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Marlboro, Md ( IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) 031-14-6955 Judith E. Lindsay, 10915 Wharton Dr. Upper No 18 CAUSE OF DEATH (Enter only one cause per line facta), (b), and (c) RECT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO, OR AS A GONSEQUENCE NO 001 NO Conditions, if any, which gave rise to immediate cause (a), stating AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211. LOCATION ö 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) STREET NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the Bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State IMPORTANT: I PHYSICIAN MIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 7/23/87 BP St. Joseph's Cemetery Burial Boston. Massachusetts 24 FUNERAL DIRECTOR ADDRESS Washington, DC 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 McGuire Funeral Service. 7400 Georgia Ave. N. W. (VRA 15, 4)

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## STATE OF MARYLAND

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38 AUG -	STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH	S /REG. NO	. 2 0 3	0 3
eosh 3	1. DECEASED NAME (TYPE OR PRINT)	K.	DALY	2a. DATE OF DEATH	JULY 28 1987	26 HOUR OF M
2	Male	Caucasian	S. DATE OF BIRTH AMONTH Aug. 16, 1924	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
68	New Jersey	United State	AAADDIED A NEVED MADDIED		ery County	MD.
10	Bethesda	11. NAME OF HOSPITAL, NUF (JENOT INSUCH FACILITY, GIVE ST Suburban H	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF Distribu	F WORKING LIFE) INDUSTRY	BUSINESS OR Itchen nets
30		or other institution, give residence be unty 13c. city or to tgomery Rocky	ille yes \ no	13e.STREET ADDRESS		
198	14. FATHER'S NAME Andrew	Daly	15. MOTHER'S MAIDEN N. Anna	AME	Know1e	
S. Pogen	160 WAS DECEASED EVER IN U.S. A (YES THO OR UNKNOWN)  YES  WW	IVE WAR OR DATES)		aly, same	as #13	MATE INTERVAL
Then please remove carlot to burnel, cremation, are noted to other troumotic.			ARY AKIERY DISA	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?  YES NO X	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (	
9	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)	
200	AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC ) STREET	CITY OR TO	wn COUNTY	STATE
for use of Health	sow the deceased alive a	pital) attended the deceased from July 16 protection of the same of the protection of the same of the	m September 19 84			hat (I) (we) lost ouses stated
FUNERAL DIRE	22b. SIGNATURE	yis		MEDICAL STA		16NED 9/87
shauld be o		MIZUSIMO			HESDA, MD 21	0814
110	230 BURIAL, CREMATION, REMOVA	31, 1987 N	3c Name of CEMETERY OR CREMATORY Metropolitan Crem	n Alexand	ria. Virgir	state
H - 16 60M 7/82 VRA 15, 4)	Bethesda-Chev	t A Pumphrey Chase Inc.	Funeral Home	ATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATU	IRE

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Page 19

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UNIVERS MELLIN

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CONT

Chillian Aby Taparing

THE REPORT OF SHIP INVESTIGATION

FOR

- STATE

Female

Maryland

14. FATHER'S NAME

NO

CERTIFICATION

MEDICAL

(YES, NO OR UNKNOWN)

22h SIGNATURE

230 BURIAL CREMATION, REMOVAL

TO BIRTHPLACE (STATE OR FOREIGN

IR CITY OR TOWN OF DEATH

Silver Spring

Abraham

Conditions, if ony, which

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Massachusetts

3. SEX

REGISTRAR DECEASED NAME

FIRST

Sophie

4 RACE

Montgomery

MIDDLE

(IF YES, GIVE WAR OR DATES)

N/A

IMMEDIATE CAUSE

USA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH MIDDLE 26 HOUR Danish July 23,1987 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR Jan. 28,1918 FAR DATS Caucasian 69 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED EXNEVER MARRIED Montgomery WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 9315 Harvey Rd. LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Home Silver Spring 13. STREET ADDRESS / ZIP CODE 9315 Harvey Rd. 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME Levinson MIDDLE Gittel Baltin 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 183 09 9393 Abraham W. Danish, M.D. (as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF Foenocarcinoma o.

couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CONE	ITION GIVEN IN PART 1	10
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	INGS USED S OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	vn COUNTY	STATE
22a I certify that (I) (th:X:XXXVIa) saw the deceased alive an	7190 000		n death accurred on the do	te and hour and from the	

DEGREE

22e. ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

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should be detowith the State C

24 FUNERAL DIRECTP ves-Pearson Funeral Homes Falls Church, Va.

July 24,1987

22 GHYSCIAN'S NAME (Gold, M.D.

250 DATE REC'D. BY REGISTRARISS RECISTRARISS TO NATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Metropolitan Crematory city or Alexandria powWa.

Silver Spring, Maryland

22c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURTAL 7/23/1987

OBL A, RELSKIN, MO

23c. NAME OF CEMETERY OR KING DAVID MEMORIAL GARDEN

FALLS CHURCH, VIRGINIA

WOWAND INCOSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET. N. W., WASHINGTON, D. C.

Julia Dividson Pandage

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m £		OR PRINT)	WIDDLE	LAS	51	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
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urs ofter	3. SE	Male	White	5. DATE OF	-08-0G	81	YRS	THS DAYS HOURS MIN.
40		RTHPLACE (STATE OR FOREIGN COUNTRY) 4550484	76 CITIZEN OF WHAT COU	NTRY? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		- /-	DEATH  MERY MI
Day of the sea	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N			120. USUAL OCCUPA (TYPE OF WORK FOR MOST		126 KIND OF BUSINESS OR INDUSTRY
alabe fi	USU 13a	AL RESIDENCE (IF NURSING HOME TATE)	OR OTHER INSTITUTION, GIVE RESIDENCE 136 TY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	-	A 2001
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s. Poge		PES. NO WILL (IF YES, C)	I- Korean 493-	-10 2366	Juliette I	lennert Ga	ithersbu	un Md. 2087
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			DUE TO, OR AS A CON	ISEQUENCE OF	0 1	- 1	0	
7		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) Oue to, or as a con	ISEQUENCE OF	wale	Lucin		giais
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The	0	miln	in embr	ver				
e prio	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?
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mor			pital) attended the deceased	from 4/	28 19.8	2 10 7/16	19_	£ 2 that (I/(we))as
of He		saw the deceased alive of	on 7/11	6 3 /	that in (my) (our) opinio	on death occurred on the	date and hour on	d from the couses stated
Dept. of them		27% SIGNATURE	not) view the body ofter death.	DI	EGREE			22c. DATE SIGNED
		V. R	Million	M	ATTENDING PHYSICIAN	MEDICAL STA		7/12/87
Pan Tan		224 PHYSICIAN'S NAME (198	Surviviry	1	22e ADDRESS	A	. 0	11/1/
should be dei		John Me	wich mp		911 Russe	11 Avr. 6	9. Kurt	x hel 2057;
- 0 3 ≤	23a	SUPIAL, CREMATION, REMOVA	AL 23b. DATE	230 NAME OF CE	METERY OR CREMATOR	Y 23d LOCATION	1- 08	duyy Minte
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50M 4/83	24 F	INERAL DIRECTOR	C./ (NO	DRESS MI	250. D	JUL BY BEGIN	256/REGISTRA	SISTEMATURE
15, 4)	1 1	Valla CHOWREN	500 DILVE/ 10	INE IIK	20410	T	V	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 87 SED NAME rarles Edward AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 4. RACE YEAR Male Caucasian 68 9 BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania United States ontaomes DIVORCED [ 126 KIND OF BUSINESS OR CITY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY D.C.Transit Bus Operator ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 136. INSIDE CITY LIMITS? 12009 Rockinghorse Road/20852 Rockville NO [ Montgomery Maryland 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE PIRST Effa Albert Derk Harry ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Joan A. Derk (Wife) Same as #13. 166 14 6252 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY poperinon IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF erehoros Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an, , and that in (my) (aur) apinian death accurred an the date and have and from the causes stated 22c DATE SIGNED 22h SIGNATURE DEGREE August 01, 1987 ATTENDING MEDICAL STAFF m.D. PHYSICIAN A DIRECTOR PHYSICIAN 6111 Executive Blod., Rockville, Md. 20852 Blaylock, n.O. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE August 23c NAME OF CEMETERY OR CREMATORY Parklawn Memorial Park Rockville Montgomery Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE Rockville, Inc. Pumphrey Funeral Home/

300 West Montgomery Avenue, Rockville, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

67	13	- 85	U	- 5
dim	9			
G. NO				

0	STATE SEGISTRAR				CERTIF	ICATE OF DEATH	0 /	REG. NO		
N-DE	CEASED NAME COR PRINT)	IRVI		MIDDLE	DIE	NER	20 DATE OF D		30, 1987	26 HOUR 2:40
3. SE	X LE	1	RACE WHITE		5 DATE O	. 23°, 1904	6 AGE (IN YEAR		MONTHS DAYS	
PC	PLAIND	OREIGN 7	U. S.	WHAT COUNTR	Y? 8 MARRIED	DINEVER MARRIED DIVORCED [X]	MON	E CITY OR COU	COUNTY	MD.
	KOMA PARK	ATH 1			SING HOME O	HOSPITAL	12a USUAL OC		INDUSE	OF BUSINESS OR
	AL RESIDENCE (IF NURS		GOMERY	GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS? YES XX NO		DORESS / ZIP C	CODE 20	912 IE
DA	ATHER'S NAME VID FIRST	М	IDDLE	DIENER		BEATRICE		MIDDLE UNAS	CERTAINA	BLE)
NO NO	WAS DECEASED EVER (ES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166 SOCIAL SE 053-09-		17 INFORMANT ELEANOR M	. METZ,	1 <sup>ADCHT</sup> PP BRYANS	PEWA STRE	ET RYLAND
z	DUE TO, OR AS A CONSEQUENCE OF COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10									ea. y
CERTIFICATION	190 DATE OF OPERA	196 DATE OF OPERATION 196. CONDITION FOR WHI				N WAS PERFORMED	20a AUTOP		F YES, WERE FIND ERTIFYING CAUSE YES [	
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	220.1 certify that (I) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19								22c. DAT	thde P (we) lost the couses stoted TE SIGNED
	DR. MICHAEL E. LEIBOWITZ, M.				. D.	22e ADDRESS 1112	AVENUE	7. 9.		
	BURIAL, CREMATION,	REMOVAL	236. DATE 7/31/			EMETERY OR CREMATORY	23d. LOCAT	ION	ISLAND	NFW VORK

DHMH - 16 60M 7/84

BURTAL

DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VRA 15, 4)

ERY ELMONT, LONG ISLAND, NEW YORK

256. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR LAST 7s. DATE OF DEATH DECEASED NAME ETTPE OF PRINTS July Maude Dismer Hudson 4. RACE & ACSF CHEVEARS LAST BRIDGAY FUNDER LITTUE 5. DATE OF BIRTH 1. SEX ANTIBUTE Oct. Female White JE BIRTHPLACE TELATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. WIDOWEDEX DIVORCED [] Montgomery 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS CITY OF TOWN OF DEATH 17b. KIND OF BUSINESS OR (# NOT BY SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING SEED INDUSTRY Rethesda Fernwood House Homemaker Own Home USUAL RESIDENCE AF MASSING HOME DECEMBER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION, 13th, CHEV OR TOWN 134 STREET ADDRESS / ZIP CODE Hat CITY OR TOWN 13d INSIDE CITY LIMITS? 6220-30th St., NW/2001 NO YES 3 Washington.DC IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME WINDHE Maude Scott Hudson, Sr. Raymond Minor 16s WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT 8808 Melwood Road (IF TEX. GIVE WAR ON DATES) Mary Anne Proctor, Bethesda, MD 20817 No III. CAUSE OF DEATH :Enter only one couse per line for rai, (b) and for PART I, DEATH WAS CAUSED BY emmid IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying count SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1111 CERTIFICATION 78s. AUTOPSYT 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION "CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO. YES F NO I TIE ACCIDENT WAS UNDERLYING TIN TIME OF INJURY THE HOW INJURY OCCURRED [ INTER NATURE OF PROJECT PROTEIN IN FART 1 OF FART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTES MEDICALEXAMPLES PM 714 INJURY OCCURRED TH. LOCATION THE PLACE OF INJURY COUNTY CAT NOME STREET, FACTORY, OFFICE FARM, ETC.) CITY DE 19WH NOT WHILE 72x L certify that (I) (this hospital) attended the deceased from yow the destated alive on and that in (my) (see opinion death occurred by the date and have and from the causes stated 27L DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22v. ADDRESS THE PROPERTY NAME (THE OFFICE) 8218 Wisconsin Ave., Bethesda, MD Blaine Fitzgeral The BURIAL CREMATION REMOVAL 73s. NAME OF CEMETERY OR CREMATORY STATE Burial 7/10/87 Rock C Rock Creek Cemetery Washington, 75e DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE MH 16 60M 7/84 5130 Wisconsin Ave, NW, Washington, D.C. 20016 Sucideon Rendalle

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O HOSPITAL  TO FUNERAL  should be det  with the Store		1220 PHYSICIAN'S ALA	AME ITYPE C		1665 1	n.D.	5413 Ce	dar	Lane	Bethe	sda'	md
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Bethesda, Md. 20814

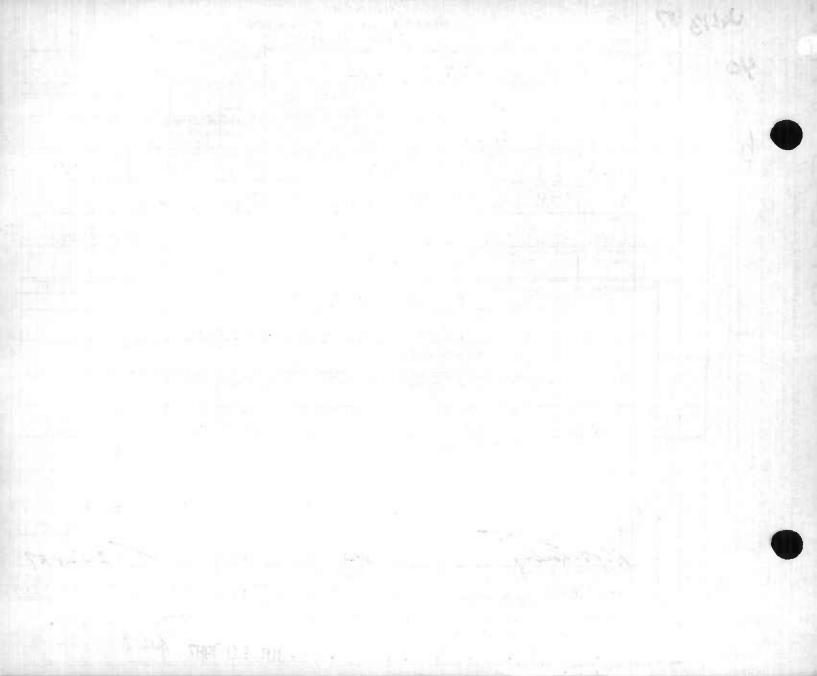
Pumphrey Funeral Homes, Bethesda, Md. 20814

DHMH - 16 60M 7/84 (VRA 15, 4)

## 20813 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b HOUR Н. Agnes Dott July 13, 1987 9:05p M 4 RACE 5. DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR HOURS Female February 04, 1894 Caucasian 93 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED United States Ireland WIDOWEDX DIVORCED [ Montgomery County. IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Rockville Nursing Home INDUSTRY Rockville Homemaker Own Home BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13t. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 113d. INSIDE CITY LIMITS? Westcheste New York Purchase Purchase St. YES A NO [ WEATHER'S NAME 15. MOTHER'S MAIDEN NAME Cornelius MIDDLE Heal'v Not Avarilable 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Elizabeth C. Portanova (YES, NO DUNKNOWN) (IF YES, GIVE WAR OR DATES) 065 52 5975 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Cardio-respiratory Arrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF COronary Arteriosclerosis Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART TIO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO I versal-transit g 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION morked or CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from sow the deceosed olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN July 14, 1987 MPORTANT: 22e ADDRESS should be with the S John F. Tauber, M.D. 8218 Wisconsin Avenue Bethesda, Maryland 23a BURIAL, CREMATION, REMOVAL 236. DATE JULY 23c NAME OF CEMETERY OR CREMATORY Burial St. Mary's Cemetery Port Chester, New York 17,1987 ROCK TILE 300 W Mont compress Ave Rockville Mary and 2088 ery Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN 26 HOUR CTYPE COLPRINGS ESTI-DEATH MATED S. Doukas Vanetia 5 DATE OF BIRTH 6 AGE (IN YEARS & RACE DATE PRONOUNCED DEAD JE BIRTHPLACE TELETE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Maine USA DIVORCED III. CITY OR TOWN OF DEATH OR INDUSTRY Housewife 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS IK FATHER'S NAME MIDDLE MIDDLE Charles Saralakos Unknown 16b. SOCIAL SECURITY NO 17126009 North Point Pane Laurel, Md. 006 03 4441 N/A Charles Doukas (Son) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my opinion death resulted from: Natural couses Suicide Hamicide Undetermined manner PAGE 4 SHLDIRECTO FUNERAL DIRECTO FUNERAL WITH TITLE (SPECIFY) ACTUAL 1919 Seminary Rd.S.S.Md. Dr/John S-Rogers EXAMINER'S NAME TYPE OR PRINT 230 BURAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 8/3/87 Fort Lincoln Md. Brentwood PG 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE Hirres/Rinaldi 11800 Neworthamp. Ave. S.S. Md. **DHMH - 17** (VR A15 ME (5)) les Teridion

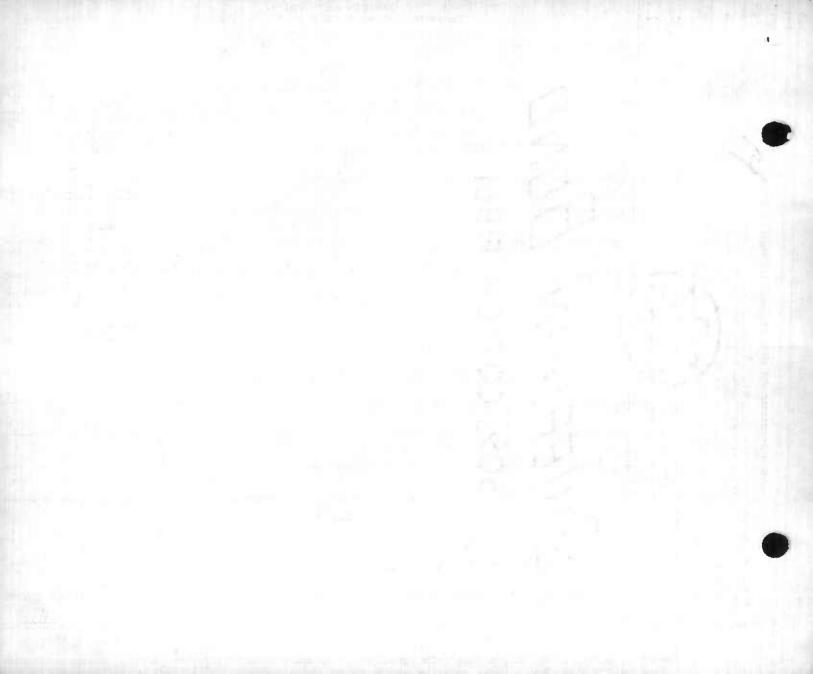
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O 4 / 10 1/2 1/2		RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUNTRY?	MARRIED XX NEVER MARRI WIDOWED DIVORCE	ED MONTGOMERY	MD.
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AND 21.	130. 3	STATE VA 136. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	A 13d INSIDE CITY LIV	□ 9310 TELFER	
and 2	DIL E	ATHER'S NAME FIRST STLLIAM ELI	MIDDLE LAST EMER	Y ANN A	DEN NAME	SHAFERATH
IMORE, on and co		VAS DECEASED EVER IN U.S. AF		IRITY NO. 17. INFORMANT	ADDRESS	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 MG PHYSICIAM. The fare tragainers that the decip certificate be executed within 24 hours catherdring physician.  Latter this certificate has been vagined by the orthodorid physician and completely filled in both the united in onthe permit. Then please is minor garden popules. Pages 1 and 2 thould be fill the and Mannal Hyppiene prior to build certification.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU  (b) RFFRAC  DUE TO, OR AS A CONSEQU  (c)	TORY ANEMIAT	EXCESS BLASTS	
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TALOR by Ne he horse Act DIRE detacher horse Dept		274 SIGNATURE	Zy'		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	3 July 87
O HOSP towned 1 O FUNE hould be wednita		R. KEATIN	NG		OSPITAL INTERNAL	MEDICINE DEP
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	JULY 3, 1987 M	NAME OF CEMETERY OR CREMA ETROPOLITAN CRE	MATORY ALEXANDRIA,	FAIRFAX, VA. STATE
DHMH 16 80M 7/84 (VRA 18, 4)	24 F	NAME 171 W. Maple	& KING VIENNA FI Ave., Vienna, Va	JNERAL HOME, a. 22180	250. DATE REC'D. BY REGISTRAR 256 BEG	GISTRAPIS SIGNATURE



AUG -	118	FOR STATE REGISTRAR			DEPAR	TMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG.	) ō	1 0
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	3. SEX		4	RACE		5. DATE O		6. AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR IF UNDE
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9		CTHPLACE (STATE OR FO	DREIGN 7		WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	F DEATH
7 1	and the same of	ussia		U.S.A		WIDOW	EDICK DIVORCED	Montgo	mery C	
	Ro	CKVILLE	1	Potoma	C Valley	Nursi	or other institution in the state of the sta	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Manufactu	T OF WORKING LIFE)	
1000	13a. S	L RESIDENCE (IF NURSIN TATE Orida	og Home or o	THER INSTITUTION	GIVE RESIDENCE BEFO 13c, CITY OR TO Miami	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP CODE	4940
1/3	1	THER'S NAME FIRST	м	NIDDLE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE	ans Rou	u (33140)
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12		AS DECEASED EVER IN		WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17 INFORMANT	ADB	ethesda	, Md. 2081
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21 is marked or them 18 shows an injury, or giver traumatic e	ME	Canditions, if any, gove rise to imme couse (a), stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21d. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHIE NOTIFY MEDICA 21d. INJURY OCCURRE WHIE NOTIFY MEDICA 22a.1 certify that (1) Mesaw the deceased	which edicte   the   lost    IFICANT CO  ON    REYING   AUSE OF DEAT    ALEXAMINER    D    E    Chickophe	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS CO  19b. COND  21b. TIME C HOUR A. P. 21e. PLACE IATHOME, STI	R AS A CONSEGUE OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE LE deceased from	DAY YEAR  19 e, FARM, ETC.)	21c. HOW INJURY OCCU	20a AUTOPSY? YES NO RRED (ENTER NATURE OF IN	20b, IF YES, IN CERTIFY! YES JURY IN ITEM 18 PAR	WERE FINDINGS USING CAUSES OF DEA
Hem 21 is marked or them 18 shows an injury, or wher froumatic e	ME	Canditions, if any, gove rise to imme couse (a), stofting underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER  OR CONTRIBUTING CA  (# ETITHER NOTIFY MEDICA  21d, INJURY OCCURRE  AT WORK  AT WORK  22a, Certify that (1) M	which edicte   the   lost    IFICANT CO  ON    REYING   AUSE OF DEAT    ALEXAMINER    D    E    Chickophe	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS CO  19b. COND  21b. TIME C HOUR A. P. 21e. PLACE IATHOME, STI	R AS A CONSEGUE OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE LE deceased from	DAY YEAR  19  E. FARM, ETC.)	21t. LOCATION STREET  21th to cation (my) (my) apinion DEGREE	20a AUTOPSY? YES NO RRED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFYI YES JURY IN ITEM 18 PAR	WERE FINDINGS USING CAUSES OF DEA
<ol> <li>If them 21 is marked or them 18 shows an injury, or wher troumatic e</li> </ol>	ME	Canditions, if any, gove rise to imme couse (a), stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21d. ACCIDENT WAS UNDER OR CONTRIBUTING A CONTRIBUTION A CONTRIBUTIO	which edicte in the lost of th	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS CO  19b. COND  19b. COND  21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, ST)  Wiew the body	R AS A CONSEGUE OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE LE deceased from	DAY YEAR  19  E. FARM, ETC.)	21c. HOW INJURY OCCU 21f. LOCATION STREET  19 and that in (my) (ew) aprinion DEGREE  ATTENDING	20a AUTOPSY? YES NO RRED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFYI YES JURY IN ITEM 18 PAR TOWN  date and hour c	WERE FINDINGS USING CAUSES OF DEAD NO
RTANT: If hem 21 is marked or hem 18 shows an injury, or other froumatic e	ME	Canditions, if any, gove rise to imme couse (a), stoting underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK 22a I certify that (I) M saw the deceosed obove 1) (well left 22b. SIT LIFE	which ediote   the   lost	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS CO  19b. COND  21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEGUE ON TRIBUTING TO THE PROPERTY OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICIAL RESTAURT OF INJURY REET, FACTORY, OFFICIAL RESTAURT OF INJURY RE	DAY YEAR  19  E. FARM, ETC.)	21c. HOW INJURY OCCU 21f. LOCATION SIREET  19 nd that in (my) (ew) aprinor DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	20a AUTOPSY?  YES NO RRED (ENTER MATURE OF IN  CITY OR  death occurred on the  DIRECTOR PHYS	20b. IF YES, IN CERTIFYI YES JURY IN ITEM 18 PAR TOWN  date and hour of	WERE FINDINGS USING CAUSES OF DEA NO NO COUNTY Part 2), that (I) and fram the causes s
WOKTAN: If them 2.1 is injurised on them 10 years and injury, or given froumdrike	ME	Canditions, if any, gove rise to imme couse (a), stating underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (#ETITHER NOTIFY MEDICA 21d, INJURY OCCURRE AT WORK AT WORK 22a, Certify that (I) M saw the deceased obove (I) (MA)  22b, SHC TURE  22d, PHYSICIAN'S NAA  Dr. RUS	which ediote   the   lost	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS CO  19b. COND  21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEGUATION FOR WHICH THE PROPERTY OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE M. Office deceased from 19.	DAY YEAR  19 e, FARM, ETC.)	21c. HOW INJURY OCCU 21f. LOCATION STREET  21f. LOCATION STREET  19  ATTENDING PHYSICIAN 22e ADDRESS  4701 MAS	ZOO AUTOPSY?  YES NO RRED (ENTER NATURE OF IN  CITY OR  A CHUSETT  SACHUSETT	20b. IF YES, IN CERTIFYI YES JURY IN ITEM 18 PAR TOWN  date and hour of	WERE FINDINGS USING CAUSES OF DEA NO NO COUNTY Part 2), that (I) and fram the causes s
IMPORTANT: If them 21 is marked on them 18 shows on minry, on their froumdrise	23a B	Canditions, if any, gove rise to imme couse (a), stoting underlying cause  PART 2 OTHER SIGNI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK 22a I certify that (I) M saw the deceosed obove 1) (well left 22b. SIT LIFE	which ediote   the   lost	DUE TO, O  (b)  DUE TO, O  (c)  DNDITIONS CO  19b. COND  21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEGUATION FOR WHICE OF INJURY M. MONTH M. MONTH OF INJURY REET, FACTORY, OFFICE after death.  I L L E Y  236	DAY YEAR  19  E, FARM, ETC.)	21c. HOW INJURY OCCU 21f. LOCATION SIREET  19 nd that in (my) (ew) aprinor DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	ZOO AUTOPSY?  YES NO RRED (ENTER NATURE OF IN  CITY OR  A CHUSETT  SACHUSETT	20b. IF YES, IN CERTIFYI YES JURY IN ITEM 18 PAR TOWN  date and hour of	WERE FINDINGS USING CAUSES OF DEA NO NO COUNTY Part 2), that (I) and fram the causes s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEGISTRAR EASED NAME 20 DATE KNOWN OF ESTI-DEATH MATED (TYPE OF PRINT) Paul IF UNDER 24 HRS 1. SEX DATE LAST BIRTHDAY RONOUNCEL DEAD 1911 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE INTALLOR MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED Nebraska 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. CITY OR ADWN OF DEATH Comptroller Army&Air Forc USUAL RESIDENCE HE IN NURS 13a STATE 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDIE Delila David Dueu Waring Clarence 17 INFORMANT ADDRESS 160 WAS DECEASED EVER (YES, NO, OR UNKNOWN) 1943-1946 Louise C. Duey/wife same as 577-05-4181 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 de 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 SHOULD BE 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET STATE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AETER PEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK Inspection 228. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Undetermined manner Hamicide death resulted fram: TITLE (SPECIFY) John Rogers ADDRESS 23d LOCATION 23s BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY Montgomery Maryland
1256 REGISTRAR'S SIGNATURE July 13, 1987 Parklawn Rockville burial 07/84 Francis J. ofgllins, Jr. DHMH - 17 Julia Dividson Pradage 500 University Blvd. W Silver Spring. (VR A15 ME (5))

STATE OF MARYLAND 9105 JUI DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Florene 6-28-87 Duke DEATH MATED X 4. RACE DATE OF BIRTH SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS DATE Sept 9,1919 Female Cauc DEAD 7b. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Indiana United States Montgomery County 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS POOKS HILL Dancer Dancer Theatre Bethesda ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) |13d. INSIDE CITY LIMITS? X |135225 DE BOOKS Hill Road/20814 Montgomery Maryland Berthesyda 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Not Available Not Available 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 47 N. ADCHapel Street (YES, NO, ONTONNOWN) ( IF YES, GIVE WAR OR DATES) Not Available Katherine Duke Newark, Delaware 19711 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO II.
AGE 3 SHOULD BE VATE DEPARTMENT OF YES X NO [ 71g EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLMAGE, MARYLAND, 21201 B STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Autapsy X 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Natural causes X death resulted fram: Accident Homicide Undetermined manner TITLE (SPECIFY) Deputy ChiefDICAL EXAMINER DATE 7-4-87 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD 21201 Ann M. Dixon, M.D. ADDRESS\_ 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY Alexandria, Virginia (SPECIFCIFC Temation July5,1987 Metropolitan Crem 07/84 Rechesda-Chevy Chase sinc 7557 Wisconsin July 1 98/ Registrar's signature Avenue Bethesda, Mayland 20814 25M **DHMH - 17** (VR A15 ME (5))



1 - STATE REGIST			STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3 1 9
I. DECEASED (TYPE OR PRINT)	NOK	RA ENCOY	SON S. DATE OF BIRTH	20 DATE OF DEATH MONTH  TUIL 4 196  6 AGE (INYEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 29 HR
To RIPTHPI AC	male E (STATE OR FOREIGN 7	Black 76. CITIZEN OF WHAT COUNTRY?	June 30, 1891	9 BALTIMORE CITY OR COUNT	
Ma	ryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGON	DERY .
Kens	ington	CITCLE Manor	Nursing Home	TTO USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING )	12b. KIND OF BUSINESS C INDUSTRY
130. STATE	1d. 13b. COUM	other institution, give residence before ITY 13 CITY OR TOW	134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COO	Rock Dr. 20874
1	NASE "	Dimes LAST	FIRST	ma fowers	LAST
160 WAS DEC	EASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? 166. SOCIAL SECUL E WAR OR DATES) 218, 54	-3994 Ethel Gai	ther (daughter)	15Ame AS # 13
18 CAL PAR	TI. DEATH WAS CAUSED	ly ane cause per line for (a), (b), an D BY: E CAUSE (a)	eteor praces	Korea'	APPROXIMATE INTERVAL
gave cause	ians, if any, which rise to immediate (a), stating the ying cause last.	DUE TO, OR AS A CONSEQU	0	te caraxe. exoplayer	
	OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
	OTHER SIGNIFICANT CO		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	IVEN IN PART 110  ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
19a DA1	E OF OPERATION  IDENT WAS UNDERLYING [   CAUSE OF DEAL REPORT OF THE PROPERTY	19b. CONDITION FOR WHICH  TH HOUR A.M. MONTH D  P.M.	OPERATION WAS PERFORMED  21: HOW INJURY OCCUR 19	20a AUTOPSY? 20b. IF YOU IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \( \text{NO}\)
19a DA1	E OF OPERATION  IDENT WAS UNDERLYING  IRIBUTING CAUSE OF DEATH  OF NOTHER MEDICAL EXAMINER   URY OCCURRED  NOT WHILE	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED  216 HOW INJURY OCCUR 19 216 LOCATION	20a AUTOPSY?   20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \( \text{NO}\)
19a DA1 21a. ACC OR CON (IF ETI 21d INJ 22a.1 cc	E OF OPERATION  IDENT WAS UNDERLYING  RIBUTING CAUSE OF DEAT ER. NOTIFY MEDICAL EXAMINER)  URY OCCURRED  NOT WHILE AT WORK AT WORK  IT IN THE CONTROL OF THE	19b CONDITION FOR WHICH TH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	OPERATION WAS PERFORMED  21c HOW INJURY OCCUR 19 21f LOCATION STREET	200 AUTOPSY? 200. IF YI IN CERT YES NO YES NO THE METER NATURE OF INJURY IN ITEM TO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART LORPART?)  COUNTY STATE
19a DA1 21a. ACI OR CON (IF ETI 21d IN) 22a. I ce sov ob 22b. SIG	E OF OPERATION  IDENT WAS UNDERLYING	19b CONDITION FOR WHICH TH HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE (at) attended the deceased from 19  Wijew the body at 19 death	OPERATION WAS PERFORMED  AY YEAR 19 216 HOW INJURY OCCUR 19 ARM.EIC) 216 LOCATION STREET  DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? ZOB. IF YI IN CERT YES NO NO IN THEM TO SEED (ENTER NATURE OF INJURY IN ITEM TO CITY OR TOWN	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART LORPART?)  COUNTY STATE
PROPERTY OF CONTRACT OF CONTRA	E OF OPERATION    DENT WAS UNDERLYING   CAUSE OF DEAL REPORT   CAUSE OF DEAL REAMINER]    URY OCCURRED   AL WORK   CAUSE OF DEAL REAMINER]    THE OPERATION   CAUSE OF DEAL REAMINER   CAUSE OF DEAL RE	19b CONDITION FOR WHICH  TH HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  TOI) attended the deceased from 19  Wigw the bady attended th.	OPERATION WAS PERFORMED  21c HOW INJURY OCCUR 19 21f LOCATION 51REE1  20 21d LOCATION 51REE1  DEGREE ATTENDING	200 AUTOPSY? 20b. IF YI IN CERT YES NO YES N	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART I OR PART?)  COUNTY STATE  TO THE COUNTY STATE  TO THE COUNTY STATE  TO THE COUNTY STATE  TO THE COUNTY STATE
21a. ACC OR CON (IF EIT) 21d INJ 22a. I ce sob 22b. SIG	E OF OPERATION    DENT WAS UNDERLYING   CAUSE OF DEAL REPORT   CAUSE OF DEAL REAMINER]    URY OCCURRED   AL WORK   CAUSE OF DEAL REAMINER]    THE OPERATION   CAUSE OF DEAL REAMINER   CAUSE OF DEAL RE	19b CONDITION FOR WHICH  TH HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE  10l) attended the deceased from 19 Digw the body of Federal  R PRINT)  23b DATE  23c	OPERATION WAS PERFORMED  AY YEAR 19 216 HOW INJURY OCCUR 19 ARM.EIC) 216 LOCATION STREET  DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 20b. IF YI IN CERT YES NO YES N	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IFYING



061664 AUG	-5 BBR -STATE REGISTRAR	DEPART	3 2 U				
may be page 3 er death	I. DECEASED NAME FIRST COULS		Eally	7/27/87	DAY YEAR 26 HOUR 419		
Page 4 md director. p	SEX FEMALE  TO BIRTHPLACE (STATE OR FOREIGN	Black  76 CITIZEN OF WHAT COUNTRY?	June 22, 1924	6 AGE (IN YEARS LAST BIR INDAY)  U3  YRS.  9 BALTIMORE CITY OR COUNTY	MONTHS DATS HOURS MIN.		
deoth. F	Wash., D.C.	USA 11. NAME OF HOSPITAL, NURSII	MARRIED NEVER MARRIED WIDOWED TO DIVORCED NO HOME OR OTHER INSTITUTION	Montgone	MD.		
t hours off	130. STATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	to Spifall	Retired  13. STREET ADDRESS / ZIP CODE	99990		
BALTIMORE, MARYLAND 2120	Washington, D.C M. FATHER'S NAME John FIRE Ealy	MIDDLE LAST	YESX NO D 15 MOTHER'S MAIDEN NA Bessief®Norri		t,N.E.		
imore, ma	(YES NO OR UNKNOWN) (IF YES O	IRMED FORCES? 166 SOCIAL SECTION SOCIAL SECTION (1997) 166 SOCIAL SECT		ADDRESS inson-daughter-6	36 Acker St.,N.E		
20 22 2	PART I. DEATH WAS CAUS	only one couse per line for (0), (b), or SED BY: ATE CAUSE (0) CARD A	MIROST		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH		
o1 W. PRESTON SI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU (b) NETABOL DUE TO, OR AS A CONSEOU (c) RENAC	JIC NOVONO				
2 9 9 9 7		5 MELLITUS	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YE	S, WERE FINDINGS USED		
VITAL REC	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUP		FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)		
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The low requir or offending physicion. After this certificate has been sig te as the burial-transit permit. Then alth and Mental Bygiene prior to b marked or them 18 shaws any injur	OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTHY MEDICAL EXAMIN  21d IN JURY OCCURRED  WHILE NOTHILE		19 211 LOCATION	CITY OR TOWN	COUNTY STATE		
ATTENDING spatial or or CTOR. After deforuse as to of Health m 21 is morth	23s I sentify that a (this has saw the decemed alive a above, it) (	pital) attended the deceased from		, to			
by the hore the hore the hore the hore Dept. Office Dept. Ant. If there	22d PHYSICIAN'S NAME (1YPI	lu cus	DEGREE ATTENDIN PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1121 BJ		
TO HOS	110W7S A-	The second secon	NAME OF CEMETERY OR CREMATORY	CAPITOL STNE, (	WSHOC JOOD		
DHMH - 16 60M 7/84	Bürralal 24 FUNERAL DIRECTOR Stewart Funera	in They		onal Memorial Pa			





DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87REGISTRAR CERTIFICATE OF DEATH DEGEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR LIVPE OR PRINTS 11.30 An Helen 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR Female White 12, Oct. 1900 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Poland U.S.A. Montgomery County, WIDOWED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Suburban Hospital TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Bethesda Saleswoman Ladies Hats USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY HAITS? 13e.STREET ADDRESS / ZIP CODE Maryland YES TO 5721 Grosvnor Lane (20814) Montgomery Bethesda NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Rubin Hia Henna Ennis 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS N.W.: Washington, D.C. 17 INFORMANT LYES NO OR UNKNOWN 042-07-7513A Martin R. Ganzglass, Esq.: 3700 Northampton St. NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY-7/18/87 ceretral hemorrho DUE TO, OR AS A CONSEQUENCE OF artiriosalirnes Canditians, if any, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) CITY OF TOWN STATE NOT WHILE 198 1983 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that in (my) (aur) apinion death occurred on the date and have ond from the couses stated abave, (1) (we) (did) (did nat) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED MD ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b LEKAGUL 7425 OR. OSOTH 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Cremation 8/3/87 Lee Crematory Washington, D.C. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. DHMH - 16 60M 7/B4 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)

STATE OF MARYLAND

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AND REPORT OF THE PROPERTY OF THE

STATE OF MARYLAND 0.60807 JUL 28187 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT Joseph 1987 Esaias Julv 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR Male white 16 1926 Apr. TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA Montgomery WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1716 Overlook Drive Silver Spring Self employed Tax Accountant Maryland Silver Spring 13e.STREET ADDRESS / ZIP CODE 1716 Overlook Dr. Montgomery 13d. INSIDE CITY LIMITS? 20903 YES TXX NO T 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Thomas Florence Esalas Turner ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 185-22-3442 Gwendolyn Mollison-sister - (same as 13e) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ici. PART I. DEATH WAS CAUSED BY SHOW OPY IMMEDIATE CAUSE 10 BUE TO, OR AS A CONSEQUENCE OF 4 000 MERASTANO CANCEN Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF COLON CANCER underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO [ 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 229 Certify that (1) (this haspital) attended the deceased fram Ylv 27 sow the deceased alive an. ond that in (my) (our) opinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 77b STGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL 3/11/8 PHYSICIAN A DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS SCHWAMZ Wash., DC 23a BURIAL CREMATION REMOVAL 23d LOCATION 23b. DATE 236 NAME OF CEMETERY OR CREMATORY ISPECIFY) Removal COUNTY STATE 7-22-1987Hillcrest Mem. Park Sharpsville 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Hiffes/Rinaldi 11800 New Hamp. Ave. S.S. Md (VRA 15, 4)

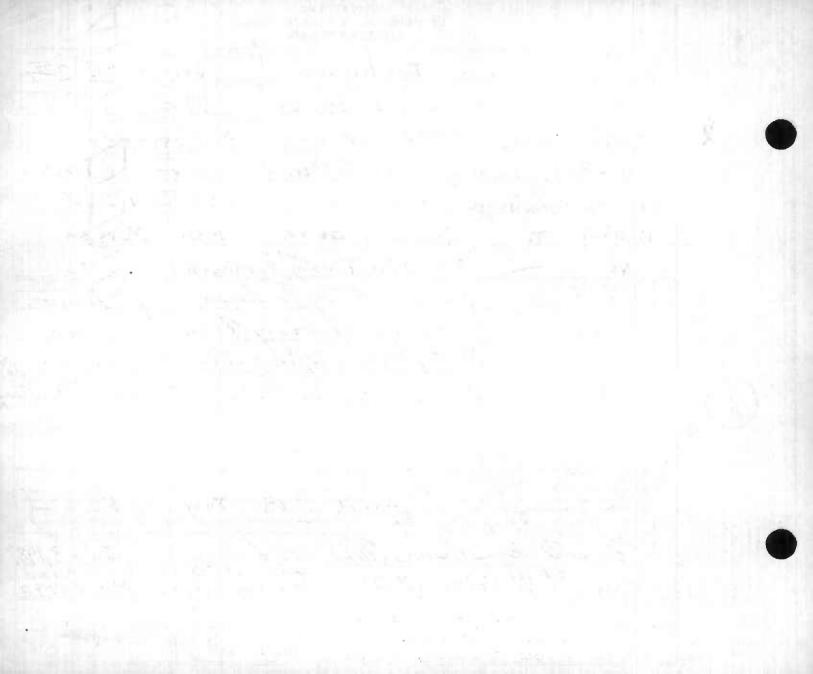
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BALTIMORE	JRS AFTER DE.  MITH FORM  I. PAGES 1 A  DIVISION OF		No				150-	12-408	30	Mrs.	Barba	ra Ja	ames, Sa	ame a	as #	13.	
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DIVISIO	AAR ARE	MEDIC	21d. INJURY O	OCCURRE	Ď	21e PLACE			21f. LC	OCATION STREET			CITY OR TOWN		COUNT	Υ	STATE
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE ST BALUMORE, MARYLAND,		22a I certi	,	Natural	of the remains des	Accident		Auto vicide	], Hom	Inspection incide	Undete	Inquiry , rmined manner	<u> </u>	In my apini	uly 15	1987
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07/84		(:		rial	Ju	ly 17,19	87 G.	name of ci	od Me	or cremate emoria			Tilville			Jerse	y.
25M	DHMH - 17 (VR A15 MF (5))	24. E	ethesd	a-Che a Mar	vy Ch	A. Pumph ase Inc. 20814	755	Wisc	onsir	Ave	250. DATE RI	16	CST 256	REGIST	TRAR'S SIG	MATURE	

-		FOR THE PORT OF	1 101	CO DEDAGTA		E OF MARYLAND	IFNE		2	,			
11:0	1-		al Home 7-		CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	REG. N	0	ن الم	*			
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR			
		GERTRU	DE	-e. A.	EVE	LAND	J	ULY	10 198	7 11:06			
	3. SE	FEMALE	4 RACE CAUCA	SIAN	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BII 84	YRS.	MONTHS DAY				
1		RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH				
2	Acres (September 1987)	ENNSYLVANIA		D STATES	WIDOW		MONTGOME		OUNTY,	_			
7	В	TY OR TOWN OF DEATH	NAV	AL HOSPIT	AL AL	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAKES	OF WORKING LIF	FE) INDUSTE	OF BUSINESS RY HOME			
3	V.			13t. CITY OR TOW ANNANDA	N_	10046	130 STREET ADDRESS 8426 BRIA	ZIP CODE	EK RD	22003			
0	1	THER'S NAME HARLES	MIDDLE	BAISEL		KATHRYN	MIDDLE		SYN	tőer			
3		(AS DECEASED EVER IN U.S. A ES, NO ORUNKNOWN)   I IF YES, C	RMED FORCES? GIVE WAR OR DATES)	208-36		SHIRLEY HING	ATOR ER Anna	8426 ndale	Briar Virg	Creek inia 22			
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A Company	z	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	[c]_	DUE TO, OR AS A CONSEQUENCE OF  1c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION						1 a			
1	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA			N WAS PERFORMED	IN CERTIF		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \begin{array}{cccccccccccccccccccccccccccccccccccc				
9					210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	CAIN	DF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR				
/	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.		2H. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE			
		270. I certify that (I) (this hospital) attended the deceased from 9 JULY 1987, 19 to 10 JULY saw the deceased alive an 10 JULY 19 87, and that in (my) (aur) apinion death occurred on the date and hour above, (I) (we) (did) (did not) view the body after death.											
		Edward 8	· 74			MD ATTENDING PHYSICIAN	MEDICAL STA		22c. DA	resigned where F7			
4		EDWARD P. FO		MC, USNR		22e ADDRESS	NAVAL HOSP BETHESDA,		0814-5	011			
	1	URIAL, CREMATION, REMOVA BURIAL	JULY 1	4, 1987 P	INEGR	EMETERY OR CREMATORY  OVE CEMETERY	23d LOCATION CITY OR FOWN BERWICK		NŃSYLV	ANIA STATE			
84	Be Be	heraldrector Rober thesda-Chevy C 7557 Wisconsi	t A. Pum hase, In n Ave.,	phrey Fun Bethesda,	eral Mary	Home/ 250 DATE	UL 1 5 1087		RAR'S SIGN	ATURE			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NOT 1. DECEASED NAME 2a. DATE OF DEATH Burns 4 RACE YEAR 24C25/22 08 9. BALTIMORE CITY OR COUNTY OF DEATH Suittand 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Ferdinand Balt. Md 21224 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate couse (o), stoting, the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an obove, (I) (we) (did) (did not) view the body after death , and that in (my) (ever) opinion death accurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 0 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 07/09/87 Lee's Crematory Clinton Prince George's Md Cremation 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 60M 7/84 Old Alexander Ferry Rd Clinton, Md 20735 (VRA 15, 4) 663B



and campletely filled in by the funeral director.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- I REGISTR	AR			CERTII	FICATE OF DEATH	6 /	REG. NO.	V	4	
1 DECEASED N (TYPE OR PRINT)		DIE	MIDDLE	FIS	HER	JULY		198		10:30A
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WHEATO	WN OF DEATH				OR OTHER INSTITUTION ENT CENTER		CCUPATION EWIFE	ORKING LIFE)	126 KIND C INDUSTRY OWN	HOME
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	OF OPERATION				NOT RELATED TO THE TER/	MINAL DISEAS	PSY? 2	Ob. IF YES, V	WERE FINDI	NGS USED
OR CONTR	DENT WAS UNDERLY IBUTING CAUSI	E OF DEATH HOUR A	.M. MONTH DA	Y YEAR		YES THE RED (ENTER NA	NOW	YES		NO [
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sow obt	tify that (I) (this the deceased o	hospital attended the body and and see the body	deceosed from 19		ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to	STAFF			-
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DHMH - 16 60M 7/84 (VRA 15, 4) BURIAL

After this certificate has been

TO FUNERAL DIRECTOR should be detoched for us with the Stote Dept. of He IMPORTANT: If Nem 21 is:

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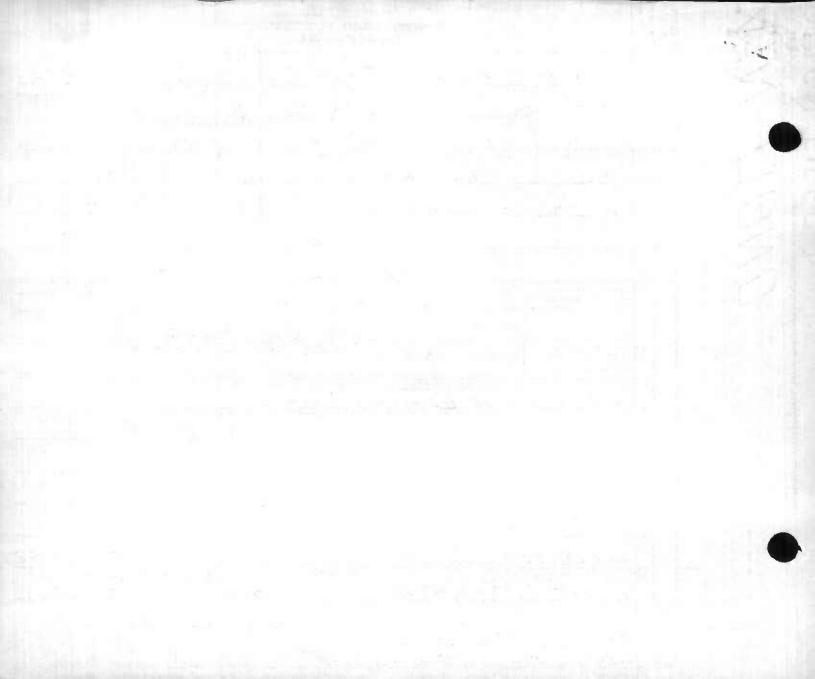
DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET. N. W. WASHINGTON. D. C.

7/9/1987

KING DAVID MEMORIAL GARDEN OF TOW FALLS CHURCH, VIRGINIA

JUL 1 5 Hal Jan Strawn Misson

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) BURR MILLEL 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR YFAR MALF 1905 Caucasian August To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED West Virginia Montgomera WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Washington Adventist Traffic Mar. GSA 135. COUNTY 13e.STREET ADDRESS / ZIP CODE Silver Spring 710 Roeder Road Maruland 1305 Montaomeru YES [X] 20910 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Miller Burr Flaga Maud ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) 705-07-8489 Mae L. Flagg/wife same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF ARRERIOSCLEROFIC Canditions, if any, which gave rise to immediate cause (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO F 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and have and from the causes stated abave\_(1) (we) (die) (did not) view the body after death 27h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN Max 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 0 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) July8, 1987 Rosamond Grove Cemetery Rosamond burial 24. FUNERAL DIRECTOR Francis J. Collins In Press Jr. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 500 University Blvd. W Silver Spring, MD 20901 (VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) WILLIAM -IF LINDER LYEAR IF LINDER 24 MRS May 21, 1918 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Illinois U.S.A. Montgomery County. WIDOWED Silver Spring Holy Cross Hospital Physician (Ret. Medical USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Montgomery 13c 13e.STREET ADDRESS / ZIP CODE 5801 Marbury Road (20817) Maryland IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE KOWALSKY SAMUEL FRANK IDA An WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT variestown, Md. 20878 Susan Adele Shaw; Daughter; 13009 Darnestown Rd. 024-22-4531 YOA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I DEATH WAS CAUSED BY NEMMONIA IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 2)c HOW INJURY OCCURRED 21a ACCIDENT WAS UNDERLYING CENTER NATURE OF INJURY IN ITEM HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 11 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a ! certify that the (this haspital) attended the deceased from sow the deceased alive an and that in (my) four opinion death occurred on the date and hour and from the causes stated DEGREE 77c DATE SIGNED ATTENDING MEDICAL FUNERAL uld be detch the Stote DIRECTOR PHYSICIAN 22e ADDRESS MLAN CHANALLES 236. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE King David Memorial Gdn.; Falls Church; Fairfax, Va 74 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE RECT. BY REGISTRARS STORY DHMH - 16 60M 7/B4 1170 Rockville Pike; Rockville. Md. 20852 (VRA 15, 4)



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	- JO JOE	(TYPE	OR PRINT)		MIDDLE	ا	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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executed ond comp	Poges		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS	
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To be	2 0 0		22a. I certify that (I) (this has saw the deceased afive		he deceased to	and the same of	nd that in (my) (aur) apinian	death accurred on the do	ate and hour and fu	om the causes stated
OR ATT	thed for dept of h		above, (I) (we) (did) (did		y ofter death.		DEGREE			DAJE SIGNED
the h			Ballon	20000	000/11	dal	ATTENDING	MEDICAL STAF	F _	10197
HOSPITAL ined by th	010 =		1224 THYSICIAN S NAME (11	PE OR PRINTS	500	THE ALLE	PHYSICIAN PHYSICIAN	DIRECTOR PHYSIC	IAN []	11710/
O HOSP etoined b			4323 HAW	ST (SK	KED		4323 H	AVACI) ST	55. M	0. 20906
			BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	Silver SX	oring Mo	nt Motate
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	6 60M 7/84			ncis J.				TE REC D. BT REGISTRAR	ZDB KEGISTRAR'S S	O LASS
(VRA	15, 4)	50	10 University	beva., W	Suver	spring	MU 20901	07 007	A Dia Dando	TONO COMMENTS

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2h HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH Female 30 -**BALTIMORE CITY OR COUNTY OF DEATH** To BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY NEVER MARRIED MARRIED MONTGOMERY\_COUNTY MARYLAND U.S.A. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
HOLY CROSS HOSPITAL INDUSTRY TECHNICIAN MEDICINE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 130 SIREEL ADDRESS NZIP CODE RD. 20904 113d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE GREENBERG **GOLDBERG** SARA HARRY ADDRSILVER SPRING, MD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ( FYES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) DANIEL FRANKLIN 14004 POND VIEW RD. 20904 213-42-2809 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ORY SHOUN IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF 2 wws Conditions, if any, which METASTATIO CONCERL gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. CANCER OF Bricker PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES M NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 7/26 f) that (1) (we) last 8/2 22a I certify that (1) (this haspital) attended the deceased from 8) saw the deceased alive on\_ and that in (my) (our) apinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITYPE OR PRINTS 22e ADDRESS MPORTA HOLY CROSS HOSPITAL STANLEY A. SCHWARTZ 230 BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL BALTIMORE 7/27/87 BETH TFILOH CEM. 24 UNERAL DIRECTOR BALTO. MD\_21215 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

THE STREET OF THE PERSON AND STREET AND STREET

7,06		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH							0 8	3/
enth 3		CEASED NAME ERST OR PRINT) GE	RTRUDE	Z.	FRA	NKLIN	JULY	4	1987	5:00A M
ge 4 mo)	3. SE)	EMALE	4. RACE WHITE		OCT OF	BER 20, 1901	6 AGE (IN YEARS LAST E	YRS	MONTHS DATS	IF UNDER 24 HRS
1835	M	RTHPLACE (STATE OR FOREIGN	u. s.		WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY MONTGOM	ERY CO	UNTY	M
by the filed with	R	OCKVILLE	HEBREW	"HOME" OF	GREATI	TOTHER INSTITUTION ER WASHINGTON	120 USUAL OCCUPA		12b KIND O INDUSTRY	OVERNME
filled in	130M		ONTGOMERY		TE	YES NO	13e STREET ADDRESS 6111 MO			2
September 12.5		SRAELST	WIDDIE	PRITZKE		ANNA RST	MODLE			KLIN
Poges	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES? S GIVE WAR OR DATES)	218-03-		17 INFORMANT 1RV1NG PRI	TZKER, 2 <sup>A</sup> C	ANDLEM ESVILL	AKER CO E. MARY	URT LAND MATE INTERVAL ONSET AND DEATH
to some by the	ATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION	DUE TO, O	R AS A CONSEQUE	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CO		ZEN IN PART 10	
Cots had not have had	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216 TIME C			21c HOW INJURY OCCUR	YES NAX	IN CERTIF	YING CAUSES	
OR. After this certificor use as the bariolist of Health God Mirrital II is marked on them	MEDICAL	OR CONTRIBUTING CAUSE O  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE AT WORK  220.1 cettify that (1) (this has been also with deceased alive.)	21e PLACE (AT HOME, ST	M.  OF INJURY  REET EACTORY, OFFICE, F	19 ARM, ETC.) FEB 10	211 LOCATION STREET  19  1 that in (my) tour) opinion	to MAY	11		state that (It (****) last causes stated
And be detached to the the State Dept. o		abave, (l) (we) (did) (di 226. SIGNATURE 224. PHYSICIAN'S NAME (1	25 Dice	r	m.	EGREE  ATTENDING PHYSICIAN [1] 27e ADDRESS	DIRECTOR PHYS	AFF ICIAN []	22c DATE	SIGNED
2418/		BURIAL, CREMATION, REMO URTAL	VAL 236 DATE 7/5/1	987 KI	NAME OF CE	METERY OR CREMATORY UTD MEMORIAL	GARDEN OR TOW	ALLS C	никсн,	VIRGTNI
H - 16 60M 7/B4 (VRA 15, 4)	24 D 2	ONALDREMOR STEI 32 CARROLL ST	N HEBREW REET, N.	MEMORIAL W. WASHI	FUNERA NOTO N	D. C. 250. DAT	REC'D. BY REGISTRA	AR 251 REGIST	RAP'S SIGNAT	RE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE TY STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 07/06/87 Maurice 11:06PM Friedman 3 SEX 4 RACE 5 DATE OF BIRTH IF LINDER I YEAR 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 24 HP. Male White Dec. 19, 1907 YRS & BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED XX NEVER MARRIED U.S.A. Connecticut Montgomery O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR Suburban Hospital Bethesda Attorney (Ret.) Private Practice SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Montgomery 111 University Blvd., #1018 (20902 Maryland Silver Spring YESK 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE David Friedman Jennie 166 SOCIAL SECURITY NO ASITVer Spring, Md. 20902 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ruth Friedman; Wife; 1111 Univ. Blvd., W #1018; NO 578-56-4907 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c-PART I. DEATH WAS CAUSED BY 14LMONARY SUDDEN IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF SUDDEN ROBABLE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF TEN YEARS underlying couse lost SONISM - DEMENTIA COMPLEX CERTIFICATION 190 DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO T 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM, ETC ) STREET NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME ITYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Buria1 Judean Memorial Gardens-Olnev: Montgomery: Maryland 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG, MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR' 256, REGISTRAR'S SIGNATU DHMH - 16 60M 7/84 youle Devidor Pa 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)

STATE OF MARYLAND



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## STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGI
CERTIFICATE OF DEATH

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3 /	REGANO.	U	0	3	1

	- MUGISTRAR			0	# REG#N	0.		
	CEASED NAME FIRST	WIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	ROSE		FRI	EDMAN	July 17	, 1987		1:00p
3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS	IF UNDER 24 HRS
Fe	emale	White		6, 1900	87	YRS		
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
	w York	U.S.A.	WIDOWE		Montgomery	County,		M
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF	BUSINESSO
Si	lver Spring	15101 Inter	lachen Dr	ive, #1022	Homemaker	, vokano (ile)	Hom	ie
USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 719 CODE (	2090	06)
			er Sprine		15101 Int	ZII CODE		
14. F/	ATHER'S NAME	WIDDIE	AST	15. MOTHER'S MAIDEN NAM	\E			
	David		tronk	Belle	MIDDLE	(Unk	LAST	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDR	s#1022;Si	lver	Spa
1	NO (IF YES, GIV	263-6	50-9481D	Eleanor Gotki	n:Daughter	·15101 In	terl	achen
	18 CAUSE OF DEATH (Enter on			ZZCCCIOZ CO GIZ	1./Dadgirect			MATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSE	E CAUSE (o)	acellen	Posit	da elies		100	non
		DUE TO, OR AS A GO	HISEQUENICE OF	19 100	- 1/2			
z	couse (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A COI		NOT RELATED TO THE TERMIN	nal disease or con	DITION GIVEN IN P	ART Ito	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C		
1 🖺					YES NO	YES 🗌		NO 🗌
_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM TO PART I OR I	PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,		STREET	CITY OR TO	WN COL	YTMI	STATE
	THE THE PARTY OF T		5/.5	85		1100	7	-
	220.1 certify that (I) this haspi	17 / / / / /	4	19 83		19	, 1	ho (I) we) lo
	sow the secessed alve or obow, (IV(we) (did) (did no	i) vight the body after death	1.	d that in (my) (our) opinion d	com occurred on the di			
	22b. SIGNATURE	A /		DEGREE ATTENDING	MEDICAL STA		DATE S	
	My	allelle		PHYSICIAN 🖼	DIRECTOR   PHYSIC	IAN D	uly	17,1
	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT!		22e ADDRESS				
	BARRY N. R	OSENBAUM,	M.D.	3720 Farrag	ut Avenue	e: Kensi	nat	on. M
23a. I	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION			
I	Burial	7/19/87	Mt. Leh	anon Cemetery	Adelphi;	P.G. Ma		nd state
			DEDG ME	Zan DAIF	REC'D BY REGISTRAR	256 REGISTRAP'S S	ICHIATI	IRE
	DANZ	ANSKY-GOLD	BERG MINN	(HADDELIKE	RECD. DI REGISTRAR	130. KEOISTKAK 3 3	IGNATO	1
	UNERAL DIRECTOR DANZ 170 Rockville				L21 1987	julia disp	idery-	Randalla

DHMH - 16 60M 7/84 (VRA 15, 4) 060656 JUL 24 87 TATE

	ST	ATE	OF	MA	RYL	AND
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CERTIFICATE OF DEATH	REGINO.	3	English Control	U	
FULTON	20. DATE OF DEATH MONTH	Z/	-87	26. HOU	4
5. DATE OF BIRTH  MONTH  DAY  YEAR  2/-	6 AGE (IN YEARS LAST BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER	24 HRS MIN.

LACK TO CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN

4 RACE

MARRIED NEVER MARRIED DIVORCED WIDOWED

TYPE OF WORK FOR MOST OF WORKING LIFE)

126. KIND OF BUSINESS OR INDUSTRY

JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13r. CITY OR TOWN

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o

G

andover

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME FIRST

13e.STREET ADDRESS / ZIP CODE 3119 82nd Avenue

MIDDLE

Stockman

Fulton

Maryland 4. FATHER'S NAME

Ben

CERTIFICATION

prior

5

MPORTANT

ld b shoul with

per entol Hygiene

REGISTRAR DECEASED NAME (TYPE OR PRINT)

USA

Fulton 166 SOCIAL SECURITY NO.

Eloise 17 INFORMANT

**BALTIMORE CITY OR COUNTY OF DEATH** 

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

Carolida

LAST

Bean Fulton-wife-3119 82nd Avenue Landover, Maryland APPROXIMATE INTERVAL

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse lost.

19a DATE OF OPERATION

DUE TO, OR AS A CONSEQUENCE OF cem Sem

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION-WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

1	l
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTEY MEDICAL EXAMINER)	
214 INTURY OCCURRED	Γ

216. TIME OF INJURY HOUR A.M. MONTH DAY

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

P.M. 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE

YEAR 19 211 LOCATION

CITY OR TOWN COUNTY STATE

22a.1 certify that (i) (this hospital) attended the deceased from sow the deceased alive on. above, (1) (we) (did) (did nat) view the body offer death 226.5KGN#1U

and that in DEGREE and

MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

22e. ADDRESS

STREET

(our) opinion death occurred on the date and hour and from the causes stated

23a BURIAL, CREMATION, REMOVAL Burial

July

23c. NAME OF CEMETERY OR CREMATORY 25,1987

Fort Lincoln Cemetery

STATE Brentwood, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

TA FUNERAL DIRECTOR Home-4001 Benning Road,

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Mile Co. Ob.

	1	FOR	DEP	ARTMENT OF HEALTH AND MENTAL HY	(GIENE	3 4 1
0 66 6	0.00	REGISTRAR		CERTIFICATE OF DEATH	REO NO.	9 4 1
with the	1 DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
900	S	ARAH (Sack	J.	Funguist	July 6.	1987 10:50AM
D	3 SE	(	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		TEMALE	WHITE	MONTH DAY YEAR	86	MONTHS DAYS HOURS MIN.
Touch		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1		TH DAKOTA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGOMERY	COUNTY MD
8 A.		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
5)/	)GI	tithers bulg	136.35 DAR	NECTOWN RJ	HOUSE ALFO	HOPE HOPE
0		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		20275
34	130. 3	MD 136 COUR		TOWN 13d. INSIDE CITY LIMITS?	13635 DAKNES	
Je Je	14 FA	THER'S NAME	goricie Gallik	15. MOTHER'S MAIDEN N		10000
5/		PUNKNOW N	SIDDLE MC AKD	FIRST	(UNKNOWN)	LAST
0	16n. V	VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17. INFORMANT	ADDRESS	
medico		YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES!		hRISTNER 136	35 DARNESTOWN R
te /					1001	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		18 CAUSE OF DEATH (Enter or PART ), DEATH WAS CAUSE	nly one couse per line for (o), ( D BY:	1 - 12 -		BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	Cacherra		1/2
тот			DUE TO, OR AS A CONS	SEQUENCE OF		3 mo
trou		Conditions, if ony, which gove rise to immediate	(b)	1/20 DVS		7 - 7 - 7
2		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CON	SEQUENCE OF	R = 1 1/5	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5			( (c)	0,9042	( ) was the	770,
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 110
-	ATIO	19a DATE OF OPERATION	106 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
Tr	CERTIFICATION	THE DATE OF OFERATION	TABLE CONDITION TOR A	THE TOTERATION WAS TEN ORMED	IN CERT	IFYING CAUSES OF DEATH?
QL.	ERT	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21r HOW IN HIPV OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	ES NO
4		OR CONTRIBUTING CAUSE OF DE	110110 1 11 110171	DAY YEAR	LENIER NATURE OF INJURY IN ITEM 18	PART I OR PART 2]
7	N N	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
	MEDICAL	21d. INJURY OCCURRED	(AT HOME STREET, FACTORY, C	FFICE, FARM, E1C.)  21f. LOCATION STREET	CITY OF TOWN	COUNTY
		WHILE NOT WHILE AT WORK			- //	
2		22a. I certify that (I) (this hospi	11/2/20			, 19, that (I) (we) lost
4		sow the deceased alive on above, (1) (we) (did) (did no	ot) view the body after death.	ond that in (my) (our) spinio	in death occurred on the date and ha	ur and from the courts mated
цеп		22b. SIGNATURE		DEGREE	Current carl	224. DATE SIGNED
= ,			179	ATTENDING PHYSICIANS	MEDICAL STAFF DIRECTOR PHYSICIAN	7/6/27
Z T		224. PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS	1-0-1 x1	10110
PORTAN		RONALD OR	ESPR	MD. 15001	JAKIEK, -1.6	rd G. S.
₹/-		BURIAL, CREMATION, REMOVAL	236. DATE	231 NAME OF CEMETERY OR CREMATORY		
	1	CREMATION	Juny 7, 1987	CHAMBERS CREMATON	CITY OR TOWN	COUNTY STATE
	24. FI	JNERAL DIRECTOR	1000		AFE REC'D. BY REGISTRAR 256. REGIS	TRAKS SIGNATURE
7/84	1	HAMARINE ENGRA	there suit	RESS COULD MANUADO JI	UL 9 1987 Julia	Whites Comment
1	1 L 44	PERSONALLY PLANSFORM	TTUPPLE. SHILL	Control of the state of the sta		

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2n DATE OF DEATH 2b HOUR REDERICO 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX 4 RACE DATE OF BIRTH Asian March 6.1908 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TGO MERYMO Philippines USA NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Commercial Artist W. Bell & Co 13e STREET ADDRESS / ZIP CODE 1617 Noyes Drive 20910 Silver Spring Montgomeru 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Carlotta Zamora Garcia Domingo ADDRESS 920 Corral Valley 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SON Frederick V. Garcia/Rd. Colorado Springs. CO 578-09-9405 80929 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY vasulas Lucas Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20e AUTOPSY? 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIEY MEDICAL EXAMINERS P.M 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an, opinion death accurred on the date and hour and from the causes stated DEGREE 22¢ DATE SIGNED ATTENDING DIRECTOR PHYSICIAN OKEFIELD RD WHEDTON MY 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY July 17, 1987 Metropolitan Crematory Virginia Alexandria Cremation Francis J. Collins. Jr. DHMH - 16 60M 7/84 Julia Devider - Kandall 500 University Blvd. W Silver Spring. MD 20901 (VRA 15, 4)

In a series of the series of t

- STATE

(TYPE OF PRINT)

REGISTRAR DECEASED NAME

MALE

To BIRTHPLACE (STATE OF FOREIGN

ID CITY OR TOWN OF DEATH

FIRST

JAMES

4 RACE

MEL.VIN

Th CITIZEN OF WHAT COUNTRY?

USA

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

WHITE

STATE OF MARYLAND

GARDNER

MONTH

MARCH

WIDOWED

13. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

5 DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

JR.

MARRIED SEVER MARRIED

YEAR

1956

DIVORCED |

MONTH

JULY

**BALTIMORE CITY OR COUNTY OF DEATH** 

MONTGOMERY COUNTY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

26 HOUR

29, 198711:40am

12b. KIND OF BUSINESS OR

INDUSTRY

2a DATE OF DEATH

A AGE (IN YEARS LAST BIRTHDAY)

12a USUAL OCCUPATION

BETHESDA NIH. THE CLINICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? VIRGINIA CHANTILLY 4136 PLACID LAKE COURT NO [ FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST JAMES MELVIN GARDNER SR. Jean German ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN 214-66-0754 LESLIE GARDNER (WIFE) SAME AS PT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY NON HODGKINS LYMPHOMA IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CNS METASTASIS gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. HODGKIN'S DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YEST NO 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE July 22a.t certify that (Kathis haspital) attended the deceased from June 16, sow the deceased alive on July 29 and that in (A) (our) opinion death occurred on the date and hour and from the causes stated obove, (typice) (did) (did)(a) view the body after death DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LASE OF PRINT 22e ADDRESS NATIONAL INSTITUTES OF HEALTH, 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE (SPECIFY) STATE Glen Haven Cemetery Glen Burnie AA Burial Md 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE dia Dividson Randalle Hardesty Funeral Home, Annapolis, Md.

DHMH - 16-60M 7/84 (VRA 15, 4)

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(VRA 15. 4)

enticipate in the fall being the common double of the first

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LA EASED NAME 20 DATE KNOWN [X ESTI-7/15 Esther DEATH MATED Gibbon 3. SEX 4 RACE & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED Sept. 16, 1903 83 YRS DEAD 1987 White 7g BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED X Washington, DC United States Montgomery County 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Devartment OR INDUSTRY Silver Spring ng 1600 Springwood Drive Insurance Manager 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Bilver Spring 1600 Springwood Drive/20910 Montgomery YES [ Maryland 15. MOTHER'S MAIDEN NAME Gibbon May Pomeroy 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO 9201 Winterpock Rd. (YES, NO. OR UNKNOWN) No 577-01-9904 Craig G. Gibbon Chesterfield, VA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR MEDICAL. CONTRIBUTING CAUSE OF DEATH None 218 PLACE OF INJURY (AT HOME. 21f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDEI TO FUNERAL DIRECTOR, PAGE 3 A ARE DEATH, WITH THE STATE DE B. MORE, MARYLAND, 21201 P AT WORK AT WORK STREET, FACTORY, FARM, FTC 1 STREET CITY OF TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held on death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) ACTUAL DATE 7/16/87 Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road XAMINER'S NAME John S. Rogers ADDRESS Silver Spring, Montgomery County, MD July. 1987 Cemetery Suitland, Cedar Hill Maryland 07/84 BP Pumphrey Funeral **DHMH - 17** (VR A15 ME (5))

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH FG. NO ASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE 6. AGE (MYSAR) SEX 5. DATE OF BIRTH IF UNDER 1 YR IE UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE (STATE O 9 BALTIMORE CITY OR COUNTY OPDEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA N.C. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WOR 126 KIND OF BUSINESS OR INDUSTRA MOT IN SUCH FACILITY GIVE STREET ADDRESS! Retired eacher USUAL RESIDENCE (IF ID NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13a STATE 1135 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME MIDDLE LAST FIRST LAST Harriett Siler Africa Siler 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 7822Rosalind G. Collins-daughter-14660 239 20 StonewarlamaDaniwe 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AN ACONSEQUENCE OF Conditions, if ony, which URIAL - TRAI IND MENTAI TION, OR RE gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ED AS A BUR HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WARDED TO THE WARDED TO THE TATE DEPARTMENT OF THE TENT OF THE TEN YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, IL LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Secident Hamicide .... Undetermined monner ACTUAL TO FUNERAL SHOU AFER DEATH. SIGNATURE EXAMINED'S NAME TYPE OF PRINT 23a BURIAL, CREMATION, LEMOVAL 231 NAME OF CEMETERY OR CHARATERY d. LOCATION Clayton, North Carol Burail Forest emletery 07/84 25M DATP REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECT in Dandon Randall DHMH - 17 Rd., N.E. Home Benning Stewart (VR A15 ME (5))

STATE OF MARYLAND

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FOR STATE	DEPARTMENT OF HEALTH AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DESEASED NAME FIRST MAUNICE	Horte	DDLE C	Fou	beau		July	15.10	787	26 HOUR
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Male	Cauca	sian	MONTH		YEAR	75	YRS.	MONTHS DAYS	HOURS MIN.
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8	vv	D	9 BALTIMORE CIT		OF DEATH	
Washington, D.	c. us	A.	WIDOWE	NEVER M	ORCED	Montg	omery		M
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Md. 136 Mo	ROTHER INSTITUTION, G NTY.	Silve RESIDENCE BEFORE	Spr.			13. <b>9726 9</b> W	ss/zip copi ire A.V	enue	20901
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(YES, NO OR UNKNOWN) I (IF YES GIT	MED FORCES?	166 SOCIAL SECU		17 INFORMAN			DRESS		
no		578-09	-171	7 Loui	se Go	ubeau	same a	s 13e	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per li ED BY. TE CAUSE (o)	Metas		ie C	avein	oma		BETWEEN	CONSET AND DEATH
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Diabetes M  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDII	ION FOR WHICH	OPERATIO	N WAS PERFOR	MED	YES NO	IN CERTIF	S, WERE FINDS FYING CAUSES S	
		MONTH DA	Y YEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 1B F	PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	21e PLACE O			21f LOCATION	N	CITYC	R TOWN	COUNTY	STATE
220.1 certify that (1) (this hasp sow the deceased alive or above, (1) (wer (did)) (shelf)	71	13 198	7. on	d that in (my) h	, 19 <u>86</u>	, to on the	e date and hou	1987,	that (I) (we) las
226. SIGNATURE	unf	608	4	P	TENDING HYSICIAN	MEDICAL DIRECTOR   PH	STAFF YSICIAN []	221. DATE	SIGNED 45,198
Dr. Leonard				8630	Fento	n Str. S	Suite	230 Si	
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	7/16/	87 Ba	alto.			ory CILau	rel	PNG.	Md.
Fleck Funeral	OI Sand L Home,	ly Sprin Inc. La	ng Ro urel	Md.20		REC'D BY REGISTI	PAR 256 REGIST	RAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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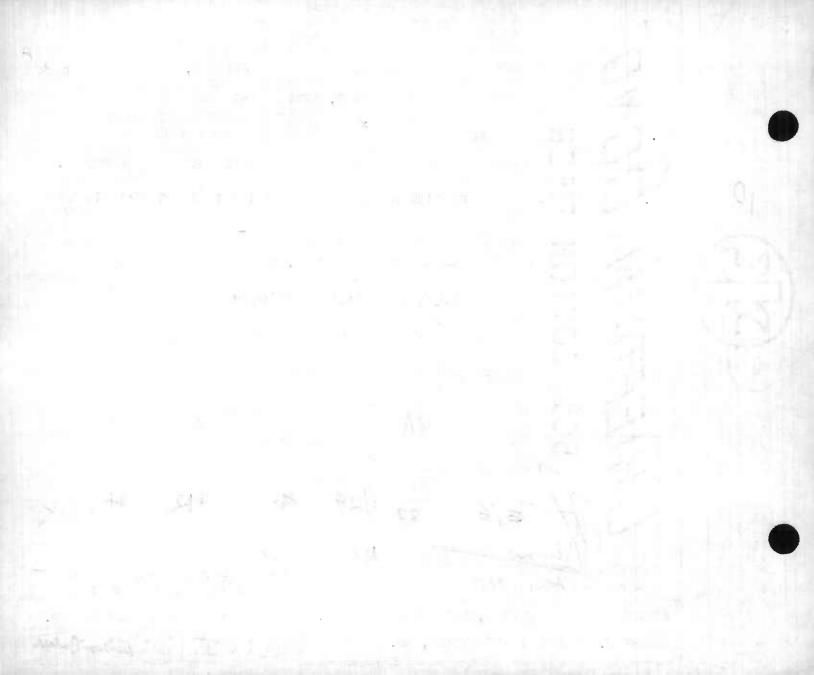
STATE OF	MARY	LAND
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058640 JUL	B	FOR STATE REGISTRAR			DEPARTI	MENT OF I	E OF MARYLAND  SEALTH AND MENTAL HYGICATE OF DEATH	1 1	2 J d	5	U	
nay be page 3 or death		CEASED NAME E OR PREAKTENCE	FIRST	WALTER	MIDDLE	GOUR	LEY	JULY 2	H MONTH DAY 2, 1987	YEAR	10 130 M	
ge 4 may ector. poi	3. SE	× MA <b>L</b> E		4 RACE WHITE		5. DATE	RIL 2, 1924	6 AGE (IN YEARS LAST BIRTHDAY)		INDER I YEAR	IF UNDER 24 HRS	
negal dir. 72 hav	7a B	70. BIRTHPLACE (STATE OR FOREIGN  Md.  10 CITY OR TOWN OF DEATH  GERMANTOWN		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	DE DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEA MONTGOMERY		DEATH	тн	
by the fu	4			19211	HOSPITAL, NURSIN	HEIG	OR OTHER INSTITUTION HTS LANE	TTNTSHEE	ATION ST OF WORKING LIFE)	126 KIND OF	OF BUSINESS OR	
ALTIMORE, MARYLAND 2120 te be executed within 24 hours sisten and completely for 1 by sets. Pages 1 and 2 shall abe fill al. the medical examines make be a	130	AL RESIDENCE (IF NUR STATE 1D.	MONT	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		YES A NO	13e STREET ADDRE	sperty He			
MARYL ed within one 2 sh	14. F	EDWARD	LEE	MIDDLE GO	ORLEY		MARY IRST		SHORB	LAST	74	
MORE,	160.	WAS DECEASED EVER		MED FORCES?	16h SOCIAL SECU 220-18-0		DOLORES M. G		AME AS #	!#		
S, 201 W. PRESTON ST., B  The that the leading physical in the corbon polytrol, gremation, or remove try, or other traumatic event.	7	Conditions, if on gove rise to imcouse to state underlying cous	MAS CAUSE  IMMEDIA  IMMEDIA  Immediate Immedia	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEQUE	ENCE OF	Mal ly	J	ONDITION GIVEN		NATE INTERVAL	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN. The low requirement in teach or cattending physician. Os the buriol-transit permit. The inh and Mental Hygiene prior to buriol, scenation, or orkedor Item 18 shows ony injury, or other traumatic	MEDICAL CERTIFICATION	THE DATE OF OPERA  THE ACCOUNTS WAS UN ON CONTRIBUTING  OF CONTRIBUTING  O	CAUSE OF DE	21k TIME C HOUR A	M. MUNTH DA	R.	N WAS PERFORMED	20s AUTOPSYP MES NO		G CAUSES (		
AL OR ATTEND the hospital or al DIRECTOR: A erached for use ite Dept. of Heal	MEDI	116 INJURY OCCUP  OFFICE AT MOST AT MO	Jas		OF INJURY set factors office if deceased from other death.	27	THE LOCATION  SHIPT  29  To that in (my) Louri opinion  DEGREE  ATTENDING PHYSICIAN  THE ADDRESS	to 1	is date and how an	224. DATE 5	IGNED	
TO HOSPITAL retoined by the TO FUNERAL should be detained by the Store	23n.	RAVI BURIAL, CREMATION	VAS		23c. N		EMETERY OR CREMATORY	23d. LOCATION	no 2	0907	2	
DD	1 B	URTAL		JULY 6	, 1901   KE	DIHA!	EN MEM.GARDEN	S FREDER	ICK FRED	ERICK	MD TATE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MURIEL H. BARBER LAYTONSVILLE, MD. 20879 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH 26 HOUR FIRST LIYPE OR PRINTS abod Marie July 2 1987 Gregovich IF UNDER 1 YEAR 3. SEX 4. RACE DATE OF BIRTH MONTH YEAD DAY Female Caucasian 1902 May 4. TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Oklahoma United States WIDOWED DIVORCED Montgomery County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION LD CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FOOD CIENOT IN SUCH SACILITY GIVE STREET ADDRESS Restaurateur Service Rockville Shady Grove Adventist Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 gaminer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 9700 Aldersgate 13d INSIDE CITY LIMITS? 20850 Road Montgomery Rockville Maryland NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE .Iohn Meshede Wagner Marv Paulette Geer 9700 Aldersgate Road Rockville, Maryland 20850 (Daughter) 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! No 564-01-9808 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF Mar underlying cause DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOIX YES [ NO IT 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET FACTORY, OFFICE, FARM ETC ) STREET NOT WHILE 22a 1 certify that (1) (the haspital) attended the deceased from sow the deceased alive an JULY and that in (my) (early opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (old) (did not) view the body after death. DEGREE 226. SIGNATURE 221 DATE SIGNED un ATTENDING PHYSICIAN PDIRECTOR PHYSICIAN [ MPORTANT 22e ADDRESS 274 PHYSICIAN'S NAME (TYPE OF PRINT) ld b TRIED MON 23e. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY Metropolitan 23d LOCATION 236. DATE CITY OR TOWN Cremation Alexandria, Crematory 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR Pumphrey Funeral Home/ DHMH - 16 60M 7/B4 Aèrine Rockville, Maryland 300 West Montgomery (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE OF DEATH 2h HOUR LIYPE OR PRINTS 47 George L. Griesbauer, Sr. 5 DATE OF BIRTH 3. SEX 4 RACE MONTH male caucasian Aug. 26, 1915 BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OR FORFICH THE CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED Washington, D.C. United States Montgomery County A CITY OR TOWN OF DEATH 126 USUAL OCCUPATION

JIVE OF WORK FOR MOST OF WORKING LIFE) INDURATIO—TV

Account Executive Advertising Rockville 13e STREET ADDRESS / ZIP CODE 20879 13d INSIDE CITY LIMITS? Maryland 18601 #2 Walkers Choice Rd. Montgomery Gaithersburg 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Livingston Gladys Charles Griesbauer ADDRESS 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) Elizabeth B. Griesbauer, wife, see #13 WW II 577 10 4875 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY THE COOPHATUNX CARGINAMA OF 2 walks DUE TO OR AS A CONSEQUENCE OF ASPIRATION RECUMBIT Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last According Cerebellan Dodowlahard And incropant PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Pumpuny 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 2 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 22a | certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an abave, (1) we) (did) did not) view the bady after death 1-16 , and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22e. ADDRESS 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Buria1 July 15,1987 Gate of Heaven Cemetery Silver Spring, Pumphrey Funeral Home, -Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Bethesda, Md. 20814 DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO BELEASED NAME 2a DATE OF DEATH 26 HOUR 6:45 am -1987 -26 Purdy 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR Caucasian Male TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York United States Montaomery County ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Aursine Home Civil Engineer U.S. Navy USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS / ZIP CODE 13g. STATE 1136 COUNTY 13c. CITY OR TOWN 20817 7509 Radnor Betherda Montgomery 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Griffen Esther Purdy Daniel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 578 46 2041 Gladys O. Griffen, wife, see #13 1918-1951 ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) 0 PART I. DEATH WAS CAUSED BY Cardian Ames Mountes IMMEDIATE CAUSE (0) am Hours Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF ಥ TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 U CERTIFICATION -7 ď IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC.) pa NOT WHILE 220.1 certify that (1) (they haven'd) attended the deceased from 2 and that in (my) (autropinian death accurred on the date and hour and from the causes stated saw the deceased alive on. obove, (I) (we) (did) (did not) view the body after death DEGREE 226. SIGNATURE 22c DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN MIDIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (1995 CHRINTI 22e ADDRESS IMPORTA 911 N. Russell Avenue Gaithersburg Md. 20879 BYRL D. JOHNSON 230 NAME OF CEMETERY OF CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE Buria1 July 31,1987 Arlington National Arlington Virginia Bethesda-Chevy Chase, Inc. ADDRESS Homes, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) 7557 Wisconsin Av., Bethesda, Md. 20814

232 CARROLL STREET. N. W. WASHINGTON, D. C.

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE The part of the pa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 4. RACE 1 SEX Black Male 22,1912 December To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia KIND OF BUSINE Teacher Public Schools 13e.STREET ADDRESS / ZIP CODE 1828 Varnum St. N. E. Washington NO 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Gwaltney Pearl Osby 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Annapolis, Md. 579-05-3751 Gregory Gwaltney, 1406 Chesapeake Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (A), (b), and (c). PART I. DEATH WAS CAUSED BY: neumoner IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT IN DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO M 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY ( ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC | NOT WHILE 220.1 certify that (1) (this bosonial) attended the deceased from sow the deceased alive an 7/22 obove, (f) (we) did) (did not) view the body after death and that in (my) (pur) opinian death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED Z MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE Bender, M.D. 8600 Old Georgetown Rd., Bethesda, Md 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Washington, D.C. STATE Burial 7/25/87 Mount Olivet Cemetery 24 FUNERAL DIRECTOR Washington, DC DHMH - 16 60M 7/84 McGuire Funeral Service, 7400 Georgia Ave. N.W. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO ASED NAME 20 DATE OF DEATH 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5. DATE OF BIRTH YE AR ONTHS DATS aMalo Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR Sales Counselor General Elec. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13. STREET ADDRESS / ZIP CODE Drive Silver Spring Montgomery 20904 Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Miller Mabel Hahn Paul ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN (TE YES 508-14-3755 Annina F. Same as 13 Hahn Wife Yes 18 CAUSE OF DEATH (Enter only one couse per line for the and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (OM Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET FACTORY OFFICE, FARM ETC 1 WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from. and that in (my) ( opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deto MPORTANT: 27d PHYSICIAN'S NAME THE 77e ADDRESS 9241 Columbia Blvd. Silver Spring, Md. George Sengstack. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Silver Spring Montgomery Md. July 15.1987 Gate of Heaven 24 FUNERAL DIRECTOR Francis J. Collins DHMH - 16 60M 7/84 500 University Blvd., W. Silver Spring. Md. (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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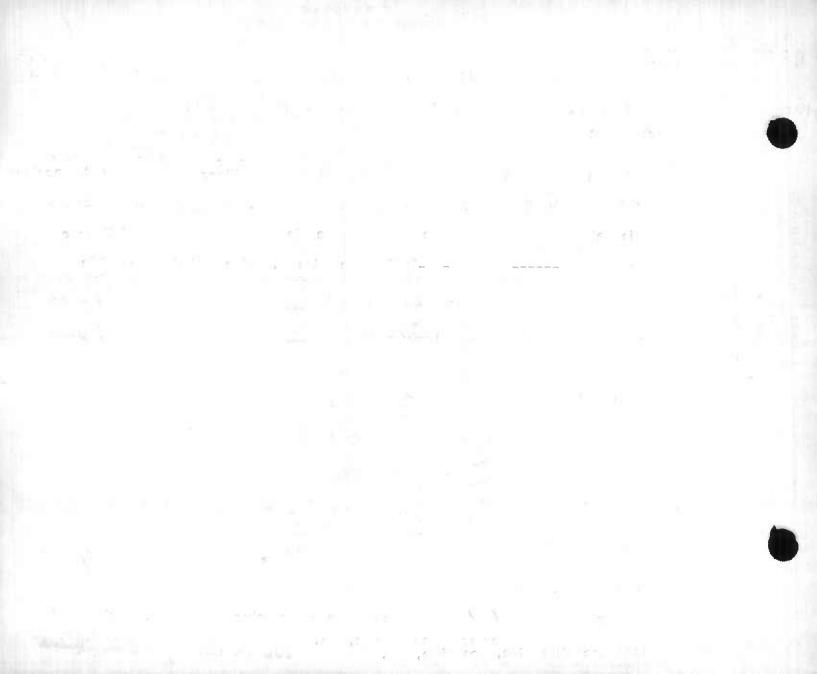
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Burial

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

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A PATE		22a I certify that I took charge	of the remains de	scribed obove, held an	Autops	sy . Inspection	Inquiry . o	nd in my opinion	772
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR! AFFER DEATH, WITH THE IS BALTIMORE, MARYLAND		TYPEOSPRINT Johr	Roger	s.		ADDRESS		*	
TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIME	23a.B	URIAL, CREMATION, REMOVAL 23		23c NAME OF CE			LOCATION /		7
	13	yana /	7/16/19	87 BHW.C	Jy Eur	1 plows /	all El	TOWNY TO	1101.
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STATE OF MARYLAND

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marked or Item 18 shows any injury, or ather troumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	13	(1)	3	5	Cia
DEC	NO	0	9		

	FOR STATE REGISTRAR	DEP		CATE OF DEATH	ENE REG. N	203	5 4			
	(TYPE GRAPINT) ELSIE	MIDDLE S.	HAR	RPER	20. DATE OF DEATH  JU	LY 12 1987	8:45 AM			
	FEMALE	CAUCASIAN	5. DATE OF MONTH NOV	18 1895	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.			
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON, DC	75 CITIZEN OF WHAT COUNTY	A.   MARRIED   NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH  MONTGOMERY COUNTY  M				
	10 CITY OR TOWN OF DEATH  ROCKVILLE  USUAL RESIDENCE (IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE S 261 CONGRESS	SIONAL LN		TYPE OF WORK FOR MOST CIVIL SERV	OF WORKING LIFE) INDU	S. GOVT.			
	13a. STATE 13b COU		TOWN TILLE	13d INSIDE CITY LIMITS? YES NO 1		ZIP CODE RESSIONAL I	LN., 20852			
	BEN		WARTZ	SARA	MIDDLE		RANK			
	160 WAS DECEASED EVER IN U.S. A 1 yes, no or unknown) 11 yes, g	IVE WAR OR DATES)	32-0307	SYLVIA SCHWAR			AL LN., 512 0852			
	PART I. DEATH WAS CAUS	inly one couse per line lar (o), (b) ED BY: ATE CAUSE (o)	ondicion aw	UT			PPROXIMATE INTERVAL WEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate cause (a), stalling the underlying cause last	DUE TO, OR AS A CONS	- hour a	Lisea		ำห	any years			
	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO								
1	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATION	I WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO					
1	OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	JRY IN ITEM 1B PART I OR PA	RT 2)			
	GENERAL MOTIFY MEDICAL EXAMINITY  GIFTENDER NOTIFY MEDICAL EXAMINITY  ALL WORK NOT WHILE NOT WHILE NOW WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN COUN	TY STATE			
	saw the deceased alive a	n 9 of view the body after death.	Constant Con	that in (my) <del>100</del> r) opinion d	eath accurred on the d	ate and hour and Iron				
	22b. SIGNATURE	nl	44		MEDICAL STA DIRECTOR   PHYSK	FF	DATE SIGNED			
	Sidher J.	Johan , M.D.		121 Congress	ind Lan	e, Rochil	le, MD.			
	23a BURIAL, CREMATION, REMOVA (SPECIFY) REMOVAL	12 JULY 87	Uniforme of the	METERY OR CREMATORY Un ed Services Un Health Science	niversity	COUNTY SDA MONTG	OMERY MD			
1	24 FUNERAL DIRECTOR CAPTIOL FUNERAL	SERVICE FALL	S CHURCH	25a. DATE	2 0 1987	236 REGISTRAR'S SIC	URS			

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH R7 REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Au brec 3. SEX AGE (IN YEARS LAST BIRTHDAY) MONTH 1908 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** ESTATE OR FOREIGN MARRIED | NEVER MARRIED TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12 KIND OF BUSINESS OR INDUSTRY NAL USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 135 COUNTY 13e.STREET ADDRESS ZIP CODE 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME FIRST MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I DEATH WAS CAUSED BY SEPTICEMIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF INFECTION URINARY LACT Conditions, if any, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED TN CERTIFYING CAUSES OF DEATH? NO YES [ NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ŏ STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from and that in my (our) opinion death occurred on the date and hour and from the causes stated above (1) we) did did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d PHYSICIAN'S NAME 22e ADDRESS ld b 5530 ARJORIC shoul with t CHEVY 2081 0 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE BP. DHMH - 16 60M 7/84

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## STATE OF MARYLAND 061255 JUL 30 87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME KNOWN X WONTH 26 HOUR (TYPE OR PRINT) OF DEATH MATED 25/ 87 Hatfield Tony David 4. RACE AGE (IN YEARS IF UNDER 24 HRS DATE RONOUNCED Feb. 7, 1969 18 White Male DEAD 25/1987 a To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.A. DIVORCED Montgomery County, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS Plumber Shady Grove Hospital Rockville Masters, Inc. Montgomery 13d. INSIDE CITY LIMITS? Rockville T3924 Travilah Road 20850 Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ronald Hatfield Imogene Palmer Rose Lee 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS NO OR UNKNOWN) Mary Palmer23708 Pleasant View Lane 212-82-9157 Gaithersburg, Md. 20879 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A 18 AFTER DEATH, WITH THE STATE DEPARTMENT OF HALITH. BALLIMORE, MARKLAND, 21201 PRIOR TO BURIAL, CREM. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject pedestrian struck by auto 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Montg. Village Ave. & Duffer Way, Montg., Md. roadway 220. I certify that I took charge of the remains described above, held an death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY). ACTUAL 7/26/87 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY Birchlawn Burial Park 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial Pearisburg, Virginia 7/31/87 07/84 1331 Rockville Pike, Rockville, Md. 20852 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17**

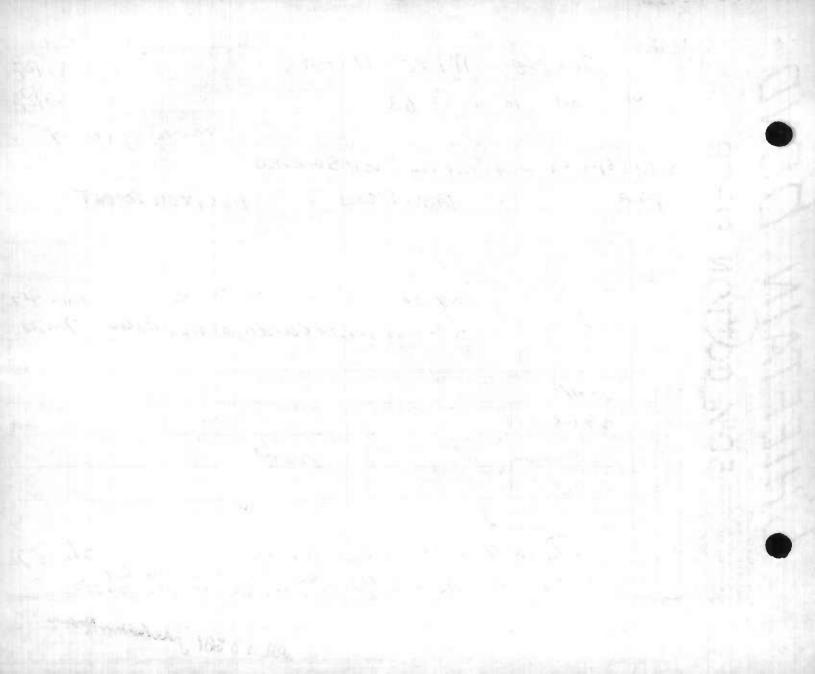
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. I. DECEASED NAME KNOWN X MONTH 2a. DATE (TYPE OR PRINT) ESTI-OF DEATH MATED 4 RACE 5. DATE OF BIRTH 3. SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 23 63 DEAD 05 10 To BIRTHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KKNEVER MARRIED Virginia USA WIDOWED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER Kenne I Ticket Salesman 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pinellas 14. FATHER'S NAME MIDDLE AAIDDLE Grammas James Hatton Alice 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS YES, NO, OR UNKNOWN 265-26-4402 Helen Hatton-wife-(same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY PRESTON ST MILVE IMMEDIATE CAUSE (o' DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DIVISION OF VITAL RECORDS, 101 W. DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOP 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 3 SHOULD E HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 218 PLACE OF INJURY (ATHOME. 11 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 2 TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection 2 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Notural causes Homicide SIGNATURE EXAMINER'S NAME TYPE OR PRINT HUGTAVIIIL 23a BURIAL, CREMATION, REMOVAL 23b DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION Tarpon Springs Pinellas Fla. 7 - 13, 1987 Cycadia Cemetery Removal 07/84 BP. 250. DATE REC'D. BY REGISTRAR, BY TECHNICAS 25M 24. FUNERAL DIRECTOR Hines/Rinaldi Funeral Home Silver Spring, Md. **DHMH - 17** 

STATE OF MARYLAND



2	1.	FOR STATE REGISTRAR WILMER	ì T	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY FIFICATE OF DEATH	GIENE	2 0	8 6 9	)
3 0 9 3 7 JUL 28		CEASED NAME SIRST		T. Hay	HAVILAND	REG. N 20 DATE OF DEATH  6. AGE (IN YEARS LAST BII	MONTH DAY	YEAR 26 HO	SAM SER 24 HRS
eath Page 4 r	70 81 M	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		RIED NEVER MARRIED WED DIVORCED	5 G BALTIMORE CITY S	7		MIN.
ob the city	S	ITY OR TOWN OF DEATH	in waterface	OVER REPORT OF THE PROPERTY ADDRESS;		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Mechanic	OF WORKING LIFE)	126 KIND OF BUSINDUSTRY DIESEL E	
., BALTIMORE, MARYLAND 2120 factore be executed within 24 hdb. shylicion and completely filled in Bi poper factor and 2 should be fill form	_	NTHER'S NAME THOMAS	MIDDLE J.	HAVILAND	13d. INSIDE CITY LIMITS? YES A NO   15 MOTHER'S MAIDEN NO PHEBE	13e.STREET ADDRESS 12506 Ros	sebud Dr	LAST	
TIMORE, M		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO. 578-40-6214	D. 17 INFORMANT	ADDR Haviland	ESS		
hot the death certicate by the othership physics one remove corbon pages of certificate is certificate to other travenoric event, by	¥₹	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUENCE O		y Block	lin	APPROXIMATE INI	ERVAL 4D DEATH
he law requires to no.  has been signed permit. Then pie en prior to buritows any injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO DEATH	n!	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS US	ATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  LOR ATTENDING PHYSICIAN: The low requires that the attention in the haspital ar attending physician.  L. DIRECTOR: After this certificate has been signed by the attention pretached for use as the burnal-transit permit. Then please immore contain the Dept. of Health and Mental Hygiene prior to burnal, crimitation or rest to Dept. of Health and Mental Hygiene prior to burnal, crimitation or rest. If them 21 is marked or item 18 shows any injury, or other transmitted.	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE. 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK AT WORK SOME OF STANDARD OF S	P. 21e PLACE (AT HOME STI	M. MONTH DAY YE M. 1  OF INJURY REET, FACTORY OFFICE FARM, ETC	211 LOCATION STREET , 19 8 7 , and that in (m) (aur) opinion	CITY OR TO	JRY IN HEM 18 PART  DWN  19  date and haur an	COUNTY	SLATE (we) last stated
TO HOSPITAL reformed by 1 TO FUNERAL should be de with the Stott	23a I	22d PHYSICIAN'S NAME (TYPE OF CARE OF CREMATION)	Dobas		22e ADDRESS	nn. tre	Silver	SARILY MA	0 7 66 44 STATE

DHMH - 16 60M 7/84 (VRA 15, 4) 74 FUNERAL DIRECTOR
MURIEL H. BARBER LAYTONSVILLE, MD. 20879

MATE RESO BY REGISTRAR SSIGNATURE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO." I DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) MARGARET C. HAZELRIGG 1810 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 21 FEMALE CAUCASTAN 08 65 TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Oklahoma U. S. MONTGOMERY County WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY SUBURBAN HOSPITAL BETHESDA Data Technician Computer 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 5510 GREENTREE RD / 20817 BETHESDA MD MONTGOMERY YES [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Clyde Samms Margaret Skeith 7913 SITTO Creek Pkwy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) L. Hazelrigg Takoma Pk, MD 381-18-7549 Daniel 18. CAUSE OF DEATH (Enter only one couse per line for vo.), (b.), and PART I. DEATH WAS CAUSED BY: arolohulmone min IMMEDIATE CAUSE to Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause andlomo TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE Hear 220.1 certify that (I) (the hospital) attended the deceased from OLLEN sow the deceased alive on above. (I) (we leta) (did not) view the body after death and that in (mir/(our) opinion death occurred on the date and have and from the causes stated 22h. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should by MPORT Ronard 1040 230 BURIAL, CREMATION, REMOVAL 23t. NAME OF CEMETERY OR CREMATORY 23b DATE July Arlington National Arlington, Virginia 24 FUNERAL DIRECTOR Robert 250. DATE REC'D. BY REGISTRAR 25, REGISTRAR'S SIGNATURE A. Pumphrey Chase Inc. 7557 Wisconsin UL DHMH - 16 60M 7/84 Bethesda-Chevy C Avenue Bethesda. (VRA 15, 4)

DIVISION OF VITAL RECORDS,

-STATE OF MARYLAND

page 3

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	2	0	3	1	-

31	STATE BEGISTRAR				CERTI	FICATE OF DEATH	O REG.	VO.	UO	1 4
I DE	EEASED NAME	FIRST	(2)	WIDDLE		LAST	20 DATE OF DEATH	ниом	DAY YEAR	26 HOUR
,,		ary	(June)	Love	H	leath	July 27,	1987		12:55
3 SE	X		4. RACE		5 DATE	OF BIRTH	6. AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DATE	IF UNDER 24 HR
	Femal			White	Novem	ber 27, 1902	84	YRS		
	IRTHPLACE (STATE OF	R FOREIGN	76. CITIZEN O	F WHAT COUNTRY	Y? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	llinois			d States	WIDOW	40	Montgomer	y Cou		٨
	ITY OR TOWN OF DE			F HOSPITAL, NURS UCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	120. USUAL OCCUPA		LIFE) INDUSTRY	F BUSINESS C
1	Akoma Park			ge Health			Manager		Advert	ising
	STATE		OUNTY	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			
	aryland	Mor	ntgomery	Takoma	Park	YES NO X	7525 Carr	oll A	venue /	2091
14 FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	Ť
	James			Love		Anna			Smit	h
	WAS DECEASED EVE		S. ARMED FORCES		CURITY NO.	17 INFORMANT	5709 G		od Road	
,	No			341-07-	-6127	Hal Holliste			MD 2081	.7
	18 CAUSE OF DEA	TH Ent	er only one couse p	er line for (o), (b)	and ic	^			APPROX.	MATE INTERVAL
	PART I. DEATH		AUSED BY DIATE CAUSE (0)_	(	ands	ai brown			0	Minutel
CERTIFICATION		se los	1. (c)_		O DEATH BU	T NOT RELATED TO THE TERM			IVEN IN PART 1 I	
IIFICA	190 DATE OF OPER	ATION	196 CON	DITION FOR WHIC	HOPEKATI	DN WAS PERFORMED	200 AUTOPSY?	IN CERT	IFYING CAUSES	OF DEATH?
MEDICAL CERT	216. ACCIDENT WAS UPON CONTRIBUTING (IF EITHER, NOTIFY MEET 114. INJURY OCCU	CAUSE C	DE DEATH HOUR	OF INJURY A.M. MONTH P.M. E OF INJURY	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18	PART I OR PART 2)	
ME	WHILE NOT V	VHILE [		STREET, FACTORY OFFIC	E, FARM ETC )	STREET	CITY OR	OWN	COUNTY	STATE
	220. certify that (		on ottended	100	2	and that in (my) (our) opinion	6. to Jul		. 19 <u>87</u> out and from the	that (1) (we) la
	226. SIGNATURE	//	1	0	0. 1	DEGREE			22t. DATE	SIGNED
		00	1	-	1	ATTENDING PHYSICIAN &	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	July	27, 19
	22d. PHYSICIAN'S N	AME (	TYPE OR PRINT)		-	276 ADDRESS 11120	New Hamps	hire A	Avenue,	#305
			Leibowi				er Spring,	MD 2	20904	
	BURIAL, CREMATION					CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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P	. O. Box	4335	2, Wash	ington,	DC 20	0010	29 1987	Juna 10	cordern-Res	Teams?

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0 1 2 000 0	<b>DI</b>	CRASED NAME FRST	Maria I	WEDIE	1	AS2	2a. DATE OF DEATH MO	ONTH C	DAY YEAR	26 HOUR
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4 0 m		FEMALE	WHI!	PE	DEC		56	YRS		
128		RTHPLACE ESTATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
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Or Or the	18. C	DERWOOD	(IF NOT IN SU	HOSPITAL, NURSI CH FACRITY, GIVE STREE ARPLEY CT	T ACCRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W CONSUMER SA	ORKING LIFE	E) INDUSTRY	brusiness or brug
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os par T		WAS DECEASED EVER IN U.S. A	RMED FORCEST	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS			
# 00 # /		97.6	NAME OF DATES	232-44-6	6826	NORMAN L. F	ICKEN JR.	(SAME	E AS III	EM #13)
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		PART I, DEATH WAS CAUS	SED BY: ATE CAUSE (o)	more	neigo	lemente				٨
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5 5 5 5 3	23a	JURIAL CREMATION, REMOVA	I TIN DATE	1230	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	114/4	in, mar	0001
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## STATE OF MARYLAND

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ppite TTO Ppite of for		sow the deceased alive a obove (() we) (did) did	of view the bod	y offer death.	on ton	d that in My (our) opinion	deoth occurred on the	date and hour	and from the a	ouses stated
OR A DIREC Ched Dept	- 1	775. SIGNATURE	le II		0	EGREE			22c. DATE S	IGNED
The Date of the Da		La Ount	PM		21	10 ATTENDING PHYSICIAN		AFF	71	7147
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DHMH - 16 60M 7/84 (VRA 15, 4)

DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

DATE REC'D BY REGISTRARIZS REGISTRAR'S SIGNATURE



STATE OF MARYLAND 61650 AUG DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 24 DATE KNOWN DECEASED NAME LIVEE OR PRINTS HELTZER SARAH DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Female White 01 DEAD TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Ohio DIVORCED [ Montgomery County, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS. FOR MOST OF WORKING LIFE) Rockville. 90 Monroe Street, Publishing Circ. Manager (Ret. RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 90 Monroe Street, #805 (20850) Rockville YES X Maryland Montgamery 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gold Annie Rosen Hyman 16b. SOCIAL SECURITY NO Lattle #316; Rockville, Md. (YES NO OR UNKNOWN) Ellen Heltzer: Daughter: 259 Congressional 282-18-1852 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARCTION ACUTE IMMEDIATE CAUSE (a) MYCC BROLAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D 71g EXTERNAL CAUSE WAS TIME OF INITIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH ATVIP.M. 07 31 FOUND le PLACE OF INJURY 211. LOCATION 71d INJURY OCCURRED (AT HOME. NOT WHILE AT WORK AT WORK 40 MB 22a. I certify that I took charge at the remains described above, held on death resulted fram: Homicide Undetermined monner TITLE (SPECIFY) DATEJULY 31, 1987 SIGNATURE MEDICAL EXAMINER 8200 Wisconsin Avenue; Bethesda, Md. FRANCIS C. MAYLE, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c NAME OF CEMETERY OR CREMATOR Mavfield Heights; Ohio Mt. Sinai Cemetery Burial 2500 24. FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 750. DATE BECKER 38 FRE **DHMH - 17** (VR A15 ME (5)) 170 Rockville Pike: Rockville, Md. 20852

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR 20 DATE OF DEATH 2h HOUR 18 198 8:30p NOLA HENRY JULY A 3 SEX 4 RACE DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR Oriental 40 BIRTHPLACE (STATE OR FOREIGN 09/ 29 1946 76. CITIZEN OF WHAT COUNTRY? | 8 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY Hawaii United States WIDOWED MONTGOMERY COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY County Teacher Schools OT NEY / MARYLAND MONTGOMERY GENERAL HOSPITAL HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY Montgomer 130. STATE 01ney 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 4608 Bettswood Maryland Bettswood Drive/20832 NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Steven Evelvn Ching Auvong 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17 INFORMANT HEYES GIVE WAR OR DATEST NO 576-46-6677 Robert E. Henry, same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). SHOCK PART I. DEATH WAS CAUSED BY ZE TIC IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF AGRANULOCYTOSIS CHEMOTHERAPY Conditions, if any, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF CARCINOMA underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE JULY 220.1 certify that (1) (this haspital) attended the deceased from JULY saw the deceased olive on\_ and that in (my) (our) opinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING \_ MEDICAL July 19,1987 DIRECTOR PHYSICIAN 711 MEDICAL CENTER DR MICHAEL ANCHORS suite 103 20850 ROCKULLUE. 230 BURIAL, CREMATION, REMOVAL 236 DATE 11 V 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE Transit 22, 1987 Mililani Mem.Park Pear1 City. Rockwille Inc. A. Pumphrey Funeral Home 1250 ON RECISIRAR S. SIGNATURE ADDRESS.

DHMH - 16 60M 7/84

FUNERAL I

(VRA 15, 4)

Rockville, Inc.

Montgomery Ave. Rockville. MD

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 27 AUG 20. DATE KNOWN X TYPE QR PRINT) KRAL DIRECTOR. OR YOUR FILES. JULIAIN 72 HOURS 1087 28 DAVID M. HERON DEATH MATED 6:30 A<sub>M</sub> 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY RONOUNCED 19 87 28 Male Nov. 18. 1959 Caucasian To BIRTHPLACE (STATE OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X DIVORCED Montgomery County washington. II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Viers Mill Rd. & Gaynor St. OR INDUSTRY Rockville Envelopes Unl Bookbinder ISLIAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Rockville 1611 Wilwun Way Maruland 20852 TH FORM PM PAGES I AND S 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Eileon Edward Horan McKano 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16h SOCIAL SECURITY NO IYES NO OR UNKNOWNI HE YES, GIVE WAR OR DATEST 218-76-8855 Edward M. Heron Father Same as 13 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ND MENTAL HYGIENE, TION, OR REMOVAL PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE. WRITING THE WY AGGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BAFTER DEATH, WITH THE STATE DEPARTMEND BALTIMORE, MARYLAND, 21201 PRIOR TO BUT YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL KK 7-28-1087 Subject hanged self. 21e PLACE OF INJURY 711 LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE hose tower Viers Mill Rd. & Gaynor St., Montgomery MD AT WORK 22e I certify that I took charge of the remains described above, held on ond in my opinion Suicide X Homicide \_\_\_ death resulted from: Notural couses Accident Undetermined monner TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER 7-28-87 SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 736 NAME OF CEMETERY OR CREMATORY July 31, 1987 Gate of Heaven Cometery Silver Spring Montgomery Md Burial 07/84 25M 24. FUNERAL DIRECTOR Francis J. Collins. Jr. **DHMH - 17** (VR A15 ME (5)) 500 University Blyd. W. Silver Spring. Md. 20901

STATE OF MARYLAND

(VRA 15, 4)

BELLE CHARLES AND ANNUAL CONTRACTOR

and the state of t  certificate be executed within 24 hours

page 3 rs after death FOR - STATE

STATE OF MARYLAND

DEP	ARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	DT	FICATE	OF	DEATH	

Н		REGISTRAR					REG. N	a		
	2F	ASED NAME FIRST	,	A	ı	AS1 [///	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR 5 4
ı		0		/		THE	///	7151	UNDER I YEAR	IF UNDER 24 HRS
	3. SEX	Female	black		S. DATE C		6 AGE (IN YEARS LAST BIR	YRS	NIHS DAYS	HOURS MIN
4		THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	C NEVED WARRIED C	9 BALTIMORE CITY	R COUNTY O	FDEATH	
1		25h. D.C.	us	A	WIDOWE	The state of the s	Montgome			MD.
-	10. CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET A		DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		INDUSTRY	DE BUSINESS OR
0	130. ST	L RESIDENCE (IF NURSING HOME OF TATE ) 136. COUL		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO		ding	Vage	Dalane
	14 FA1	THER'S NAME	WIDDIE	LAST	,	15. MOTHER'S MAIDEN NA	ME		IA	12.
		George.		Henry	1	VioLA			Mol	pley
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUL	RITY NO.	17 INFORMANT	ADDR	ESS		
	[1]	ES, NO OR UNKNOWN) (IF FES, GI	VE WAR OR DATES)	577-38-6	1607	MONTEZ Hill-	1516 Windir	ng WAY L	ane - L	I heaton, NO
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		line far to b, one	d (c)	lary Earling	rl		BETWEEN	ONSET AND DEATH
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1			DUE TO, O	R AS A CONSEQUE	NCE OF	1	40 CO F		4	wara.
		Conditions, if any, which gave rise to immediate	(b)	meran	acce	cung (a	TI CEA		-	7.09
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À		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	V IN PART 1	a
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7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	INGS USED S OF DEATH?
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i	N S	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	М.	19					
Ì	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY REET FACTORY OFFICE FA	ARM ETC )	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		AT WORK				13 556				
		226. I certify that (1) (this hosp sow the deceased alive or		e deceosed from		nd that in (my) (our) apinian	death accurred on the c	late and hour o		that (1) (we) last
		abave, (I) (we) (did) (did no 22b. SIGNATURE	at view the bady	after death.		DEGREE	and account of the c	ore and noor e		E SIGNED
	Н	Way She	per			MAD ATTENDING	MEDICAL STA		THE DATE	. 3131423
-		226 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	0	/	1.	1
		letor Sher	61	mp		13947 ter	rara br.	Whea	ton	md.
	22- D	LIDIAL CREMATION DEMOVAL	22h DATE	. 22. N	LAME OF C	EMETERY OR CREMATORY	224 LOCATION			

Memoria

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR, After this certificate has been significantly be detached for use as the burial-transit permit. Their with the State Dept. of Health and Mental Hygiene prior to bin

IMPORTANT: If them 21 is morked or them 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

BY REGISTRAR 256 REGISTRAR'S SIGNATURE
1 1987 REC'D

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGISTRAR CERTIFICATE OF DEATH REG. NO MIDDLE 2a. DATE OF DEATH 1. DECEASED NAME MONTH 2b. HOUR TYPE OR PRINTE IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED VIRGINIA WIDOWED CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME MAKER HOME MUSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES X 2700 STREET STLVER SPR BARKER MONTGOMER 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE TAST FIRST MIDDLE CARRER ARCHIBALD MARY OAKS ADDRESSP.O.B. "S" 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATES! 579-03-4598JUDY ALGER, LA PLATA, MD. 20646 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION CONDITION FOR WHICH PERAJON WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 22a.1 certify that (II) this hospital) attended the defeased from opinion death accurred on the date and have and from the causes stated DEGREE ATTENDING DIRECTOR | PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS ld b . N. ROSENBAUM 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION I SPECIEVE COUNTY STATE BURIAL 07-28-87 CREEK CEMETERY-WASHINGTON 24 FUNERAL DIRECTOR

FUNERAL HOME, INC., LA PLATA, MD.

DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND

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6 2 8 AUG -		FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE	0 6 6 4
		GEASED NAME FIRST	AIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 75	(TITE	Arthur	Joseph	Hilly Ir.	07-0	36-87 3/2
6 0 a	3 SEX		4. RACE	5. DATE OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
T age		male	caucasian	MONTH DAY YEAR	1. & VPS	MONTHS DAYS HOURS
2 1/20	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	
1 X 1 1	ne	11) York, D. 4.	1.5. P	MARRIED NEVER MARRIED WIDOWED DIVORCED	montgome	ere
2000	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	128 KIND OF BUSINESS
1 1300	5,	lucr Spring md		ADDRESS) Silver spring	federal worked	
24 hou	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN MG)	ITY ISC CITY OR TOW		130 STREET ADDRESS / ZIP CODE 3138 Adderly	+ SilverSpn
東京人事	14. FA	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN NA	ME	
1 1740	A		seph Hilly	5r. Ismay	MIDDLE	Neary
1 8 8 7	160 V	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU		ADDRESS	36m
Pop Par		YES, NO OR UNKNOWN) (IF YES, GIVE	H-Kores 1190	365 margare	+ cullen Hiller	c. s. aho
9 05 4	-		ly one couse per line for (a), (b), on	7		APPROXIMATE INTERVA BETWEEN ONSET AND DE
to the to		PART I. DEATH WAS CAUSED	Ď BY:	1-2-1	telin	BETWEENONSET AND DE
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ned by the oldese reprived, cree	7	couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUION (c) CONDITIONS CONTRIBUTING TO	ENCE OF  DEATH BUT NOT RELATED TO THE TERM	ainal disease or condition giv	/FN IN PART 1 o
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or the company of the	FICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 BTATE CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-KATHERINE SEX DATE LAST BIRTHOAY) PRONOUNCED 2YRS White DEAD TE BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT MARRIED NEVERMARRIED X USA Maryland WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF PUSINESS FOR MOST OF WORKING LIFE Accountant Railway Express GAITHERSBURG 13a. STATE 36-SITY OR TOWN 13d. INSIDE CITY/(IMITS? 13e. STREET ADDRESS 20877 GAITHERS BURG YES NO KUSSELL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Amelia Hoffman, VIII Annie Swietzer Henry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO APROFIS Russell Ave. TYES. NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES 712-14-9431 Agnes M. Hoffman, Gaithersburg .Md.2087 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY MYOCARDIAL ACUTE IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :00 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOL 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21 LOCATION 21d INJURY OCCURRED WHILE AT WORK EXECUTE INC. SE FORW
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR P 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinion death resulted fram Suicide Hamicide Undetermined monner AFTER DEATH BALTIMORE, EXAMINER'S NAME 230 BURIAL CREMATION REMOVAL 236 DATE 23¢. NAME OF CEMETERY OR CREMATOR Baltimore, Aug.1,1987 Westview Cremation Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NAMEOlin L. Molesworth, P.A., Damascus, Md. AUG 4 (VR A15 ME (5))

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Manager a complete and the second sec

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN Holifield OF Stanley Lawrence DEATH MATED 7 DYRS To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mississippi U.S. A. DIVORCED Retired Bus Operator Transit 13d INSIDE CITY-LIMITS? 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME Lula John Wesley Mayfield Holifield 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO Dorothy E. Holifield (wife) same as 13e 426-22-0847 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: NEARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH AT WORK NOT WHILE 22a. I certify that I taak charge of the remains devibed above, held on EXAMINER'S NAME 130.BURIAL, CREMATION, REMOVAL 236 DATE 7/16/87 Potomac Methodist Church Cemetery Potomac, Maryland 14 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 1331 Rockville Pike, Rockville, Md. 20852 (VR A15 ME (5))

STATE	OF	MARYLAND	

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6 0 AUG 1	187 STATE	.R	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH								1
	I. DECEASED NA	ME FIRST		MIDDLE	-	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
# # # # # # # # # # # # # # # # # # #	(TYPE OR PRINT)	Dorot	hy V	irginia	ł	lolter		July 27,	1987		2:30x
0.0	3. SEX		4 RACE		5 DATE		CHA -	6. AGE (IN YEARS LAST BIR	THDAY	UNDER I YEAR	IF UNDER 24 H
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27 The Control of the	COUNTRY)	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D DL NEVERA	MARRIED  VORCED	9. BALTIMORE CITY O Montgome		F DEATH	
20	10. CIT BRISK Wheat	on	3302 M	HOSPITAL, NURSIN H FACILITY, GIVE STREET OLINE ROC	address)	OR OTHER INST	TITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS (
filled in	13a. STATE Marylan			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Wheaton		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 3302 Moli	zip code ne Road	l 2090	02
12/10	14. FATHER'S NA FIRS MAYNA	rd	WIDDIE	Davis		15. MOTHER'S Eth	S MAIDEN NA	Marie		Burn	is
Pages Pages	160 WAS DECEA (YES, NO OR UN	SED EVER IN U.S. A (NOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	315-18-8		17. INFORMA Henry		ter Same o			
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TO FUNERAL should be de with the State		Stanley			V	22e ADDRES		in Ave., Ch	evy Cha	ise, Mo	1. 2081
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	Cremati					olitan		Alexand		200111	Virgir
H - 16 60M 7/84		ECTOR Franc						E REC'D. BY REGISTRAR	-		
(VRA 15, 4)	500 Uni	versity B	Revd. W	Silver S	pring	MD 20	901	AUG 7 198	1.30	a Davido	on Read

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	O REG. NO	9
	HOOVER	20 DATE OF DEATH MONTH DAY YEAR 29 87	35 HOUR 5
	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
-12	MONTH DAY YEAR	S6 YRS. MONTHS DATS	HOURS MIN.

LAC 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY

13b COUNTY

4. RACE

Harold

MARRIED NEVER MARRIED X WIDOWED DIVORCED [

9 BALTIMORE CITY OR COUNTY OF DEATH MONTCOMER

17b. KIND OF BUSINESS OF INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) PRIVATE

SOUTH CAROLIN 10. CITY OR TOWN OF DEATH

MALE

USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION WASHINGTON

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE 1205 DECATUR

14 FATHER'S NAME FIRST JOHN

DATEC.

GISTRAR DECEASED NAME

(TYPE OR PRINT

3. SEX

MIDDLE AT.T.AN

HOOVER

CARRIE

BELLE

RETIRED

CHIRP

MO

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 578-18-0266

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MIDDLE

M.

17. INFORMANT

**ADDRESS** 

D.C.

LAST

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

CARRIE

LeB00 32 ADAMS ST

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (a), stating the

IMMEDIATE CAUSE (o

DUE TO, OR AS A CONSEQUENCE OF . Metasta

Carcinomo

underlying cause last.

AT WORK

DUE TO, OR AS A CONSEQUENCE OF

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

CERTIFICATION 190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NO [

MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHITE

19

211 LOCATION

CITY OR TOWN

COUNTY STATE

22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on\_

and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

226. SIGNATURE

above, (1) (val (did) (did) view the bady after death.

22e ADDRESS

DEGREE

8128 WISCHIBIN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

ALR .

23a. BURIAL, CREMATION, REMOVAL CREMATION

23c. NAME OF CEMETERY OR CREMATORY HILL CEMETERY

SUITLAND

COUNTY MARYLAND

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

(VRA 15, 4)

23b. DATE

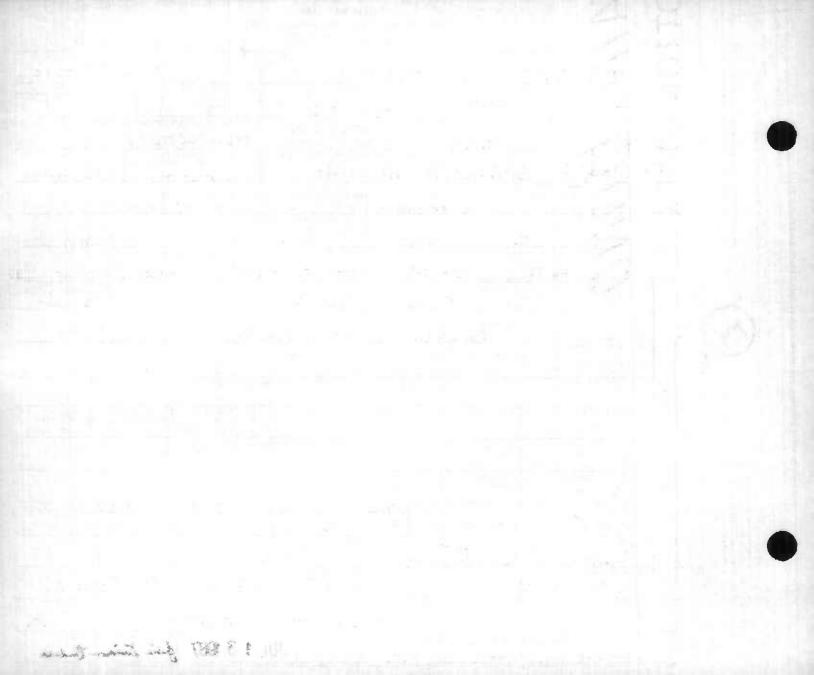
23d LOCATION

REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

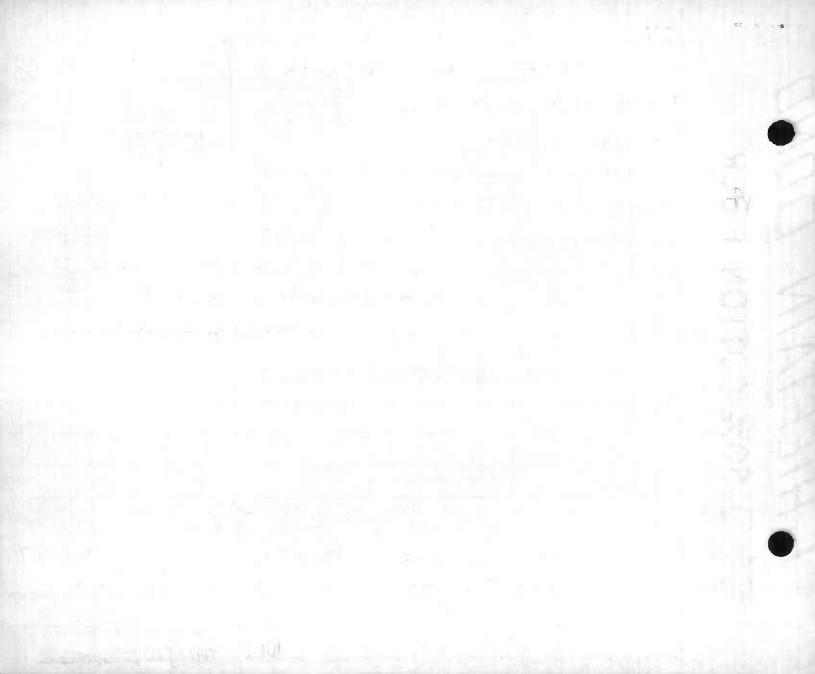
÷ 0

MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) RTON AYMONI 2232 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS MONTH Male White Nov 15 1914 BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XNEVER MARRIED MONTGOMER Kentucky DIVORCED 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RBAN TV Serviceman Self-employed 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? effersontown Box 99248/ 40299 Kentucky 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Herbert Ethel Horton McCoun 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Box 99248 (IF YES, GIVE WAR OR DATES) Yes WW 289-05-1933 Marcie B. Horton/Jeffersontown.Kentucky 40299 18 CAUSE OF DEATH (Enter only one cause per line for rat, (b), and re-PART I. DE ATH WAS CAUSED BY 3 wps IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 6 sow the deceased give on abave (M) (we) (did (did na)) view the body after death and that in(my) (aur) opinion death occurred on the date and hour and from the couses stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN P DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIF Removal 7-7-87 Georgetown Med School BP Washington, D.C. 24 FUNERAL DIRECTOR Columbia Mortuary Services 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE DHMH = 16 60M 7/84 VRA 15, 4) Missouri Ave. NW Washington, D.C.



ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 70 DATE KNOWN (TYPE OR PRINT) OF IRENE \$ DEATH MATED S DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEALH MARRIED NEVER MARRIED FOREIGN COUNTRY County United States Wisconsin WIDOWEDX DIVORCED 10 CITY OR TOWN OF DEATH KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Homemaker Braeburn Parkway Bethesda 6606 Own Home 20817 BALTIMORE, MD. 21201 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Bethesda No X 6606 Braeburn Maryland Montgomery Parkway 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE FIRST Bodnick Kulig Albert Agnes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (IF YES, GIVE WAR OR DATES 220-48-7538 Yes David A. Horvath, same as #13 WW 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Campio Risa IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which terriosclevosis gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19g. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL THE PLACE OF INJURY (AT HOME 7 IF LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Undetermined manner ACTUAL DATE Batho 300 EXAMINER'S NAME 218 WISCONSIN 23a BURIAL, CREMATION, REMOVAL July Cremation Metropolitan Crematory Alexandria, Virginia 07/84 BP 25M Pumphrey Funeral Home 150 DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) AVE 20814



		ron				E OF MARYLAND					
9825 JUL	70	FOR TATE REGISTRAR		DEPARTN	CERTIF	ICATE OF DEATH		REG. NOT	0	3 9	
. m.e		CEASED NAME		MIDDLE		AST	20 0	DATE OF DEATH MON	NTH DAY		HOUR
page 3		I	ucy Al	ma	Hugh	ies		July	14		:35рм
fer po	3 SE	<	4 RACE		5. DATE (			GE (IN YEARS LAST BIRTHDA	Y) IF		INDER 24 HRS
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Par / Par /	10. C	TY OR TOWN OF DEAT		HOSPITAL, NURSIN		OR OTHER INSTITUTIO		USUAL OCCUPATION E OF WORK FOR MOST OF WO	ORKING LIFE)	126 KIND OF BUINDUSTRY	ISINESS OR
D 1	-	Rockville	13005	Parkland	Driv	re	Н	omemaker		Home	
	130 S	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION  3b COUNTY	13c. CITY OR TOW	ADMISSION)	134. INSIDE CITY LIM	ITS? 13e.S	STREET ADDRESS / ZI	P CODE		
DED		aryland	Montgomery	Rockvi11	e	YES NO		3005 Parkla	and D	rive/208	353
السيار لا	14. F.A	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	ENNAME	MIDDLE		LAST	
3		Asher	Wilfred	Thomas		Ann		Elizabeth		Mayhu	igh
Pages		VAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		330 Munson			
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sires in the ottendi	z	Conditions, if any, gave rise to imme couse (a), stating underlying cause	which ( 16)_	ON AS A CONSEQUE	NCE OF	NOT RELATED TO TH		DISEASE OR CONDITI	ON GIVEN	10-	See MAD
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ie os the burial-t alth and Mental marked at Item	MEDICAL	(IF EITHER, NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	D 21e PLACE	OF INJURY REET, FACTORY, OFFICE F.	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	. /	COUNTY	STATE
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TO FUNERAL DIRECTION OF THE State Dept.	13	22d. PHYSICIAN'S NA/	ME (TYPE OR PRINT)	mu	9	ATTEND	ING ME	EDICAL STAFF RECTOR   PHYSICIAN	1 🗆	7/1	787
should b	St	ephen N. Jo	ones, M.D.			809 Viers	s Mill	Rd. Rockv	ille,	Maryland	1 20850
O de MA		SURIAL, CREMATION, R	EMOVAL 23b. DATE	23c N	NAME OF	EMETERY OR CREMA		3d. LOCATION			
		Buria:				f Heaven		Silver Spr	ing,M	aryland	STATE
H - 16 60M 7/84 (VRA 15, 4)	RO RO	ckville; Mai	pberto A Pun cyland 20850	ntgomery	eral Aven	Home/		6 1987	REGISTRA		dash

JUL 16

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161150 JU	L 2	REGISTRAR				REG. NO.	0 7	Change				
		DECEASED NAME	FIRST		MIDDLE	. 1	AST	20 DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR	
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mo)	3.	SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEA	RS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
4 ector	F	emale		White Oc			ber <sup>™</sup> 16, 1903	83	YRS.	MONTHS DAYS	HOURS MIN.	
1 60 P	70	BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTE	2Y2 8		9. BALTIMORE	CITY OR COUNT	Y OF DEATH		
世界	and the	/irginia		U.S.A		WIDOWE		/		omen	4 MD.	
100	)	Bether	la	(IF NOT IN SUC	DUM!	ban Hospital		12a. USUAL OC LITTE OF WORK F	CUPATION OR MOST OF WORKING I	LIFE) INDUSTRY	Fibus INESS OR EP Hepnone	
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RYL virthii	14	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		MINNIE			
mple of the complex o	1	George		MIDDLE	Brown	า	Nannie		WHANE	Slay	ton	
or cecut	/ 16	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMANT (Son)	2	24P4REDavis	s Avenue	e	
IMORE on execution and control medico	N	10	(IF TES. GIV	E WAR OR DATES!	223-09	-1324	William O. Eva	ans K	illeen, T	exas 765	43	
SALT sicio pers. ol.		18. CAUSE OF DEAT PART I. DEATH W	H (Enter ar	nly ane cause per	line Jar (a), (b),	and (c).)		1			MATE INTERVAL	
T., fi		PART I. DEATH W	AS CAUSE	D BY: TE C AUSE (a)	Cardi	respe	ralory Asse	al and				
ON S ding or re or re			W. W. C. D. V.		R AS A CONSEC	DIENICE OF	1. / 1.					
death death of the control of the co		Canditians, if any	which	(b)	Leve		malon dist	lis				
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y de la serie		underlying cause		DUE TO, OR	Sen!	Sea				1		
20		PART 2. OTHER SIGN	VIFICANT (	CONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE (	P CONDITION G	VEN IN PART 1/a		
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beer mit.	7 5	190 DATE OF OPERA	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF									
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DF VIT. 1 Physic rufficate of trans tol Hyge in 18 sh	4	OR CONTRIBUTION TO			M. MONTH					,		
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R ATT hospin RECT red for ppt. of fem 2		abave, (I) (we) (c 22b. SIGNATURE	did) (did na	t) view the bady	after death.		DEGREE	- Communication	in the date glid ha			
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(VRA 15, 4)		Francis Gas	cn's	sons Fu	neral H	ome, P	. A.	28 19	31 Julia	Devideon-K	and all	
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Y IS N THE FI AAGE 5 FILED	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME, C	R OTHER INSTIT	UTION 12	a USUAL OCCUP	ATION (TYPE OF	WORK 12b. K	KIND OF BUS OR INDUSTR	
PAGE PAGE	4	Rock	ville	270 and 3/4		h Rt. #	28	FOR MOST OF WORK			nstri	
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A NAME OF STREET		arylan	d Balt	imore Ci	icity or town irtis Bay	YES X	CITY LIMITS? 13	e STREET ADDRES	i rhave	en Dr	21:	226
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9 9 9 5 5 8	Z					WINCHNE DR COMBIN	ON OUTEN (IN TAKE)					
TO A A A D -	CERTIFICATION	19a DATE OF	OPERATION	196. CONDITION	FOR WHICH OPERAT	ON WAS PERFO	RMED?			70	AUTOPSY?	
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I EXAMINE CER		ACTUAL /	a DIII	46 4 X	us hour		(SPEC#Y)			DATE	7/26/	2.7
SHE AT AL		SIGNATURE.	0 000	~~~	A Proces	M.D. ASS	istant	MEDICAL EXAM	NER	DATE SIGNED	7/16/8	3 /
WOR WOR	1	EXAMINER'S	NAME T	ennis F. Sm	yth M.D.		111	Penn St				
TO MEDICAL E EXCUTE THE C PAGE 4 SHOUNT TO FUNERAL D AFTER DEATH,	-	(TYPE OR PRI				ADDRESS.			•			
	230. E	Buri	TION, REMOVAL	uly19,198	23c. NAME OF CEMET	EKY OR CREMAT		23d LOCATION	Laure	COUNTY	Kon Str	tie bucker
07/84 BP	24 5							Blaine,				Lucky
DHMH - 17	R	DEERT	C. ALTE	NBURGADD FSUNT	ERAL HOME		JUL	TI-BY PERSTRAF	Solday L	LOLDEN		
(VR A15 ME (5))	6	JU9 Ha	rtord R	d., Balto	, Md. 2	1214			0		*	

(VRA 15, 4)

1 July 22 1957 July Transporture

STATE OF MARYLAND **HEALTH AND MENTAL HYGIENE** - STATE S CERTIFICATE OF DEATH REGISTRAR ASED NAME Jancar, Jan DATE KNOWN FIRSTFrank OF ESTI-DEATH MATED 3. SEX Male IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 03 DEAD To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT MARRIED NEVER MARRIED FOREIGN COUNTRY DC WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! Driver Tow Truck 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRES NO L 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Frank Jancar Bissett Germantown, MD 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS I (IF YES, GIVE WAR OR DATES) 218-66-4591 Sheila D. St. Clair 10035 Blue Banner Dr 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESTON Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 190 DATE OF OPERATION WRITING THE WORD "PROMARDED TO THE CHIEF A PAGE 3 SHOULD BE USED. STATE DEPARTMENT OF HE CATCOLD PROOR TO BURRAL. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? USED OF HE 20 AUTOPSY? DIVISION OF VITAL YES [ 216. TIME OF INJURY 210. EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING POR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY LAT HOME. AT WORK AT WHILE 22e I certify that I taak charge of the remains described above, held an Autopsy Homicide Undetermined monner PAGE 4 SHOU TO FUNERAL DAFFER DEATH, BALTIMORE, W EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE Silver Spring, MD 7/22/87 Gate of Heaven Cem. Burial 07/84 BP 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NAME 5130 WI Ave. NW Wash., DC 20016 (VR AT5 ME (5))

060860 JUL 2887

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physical and gall

Auto a total processing loss a butter

Rockville, Inc., 300 W. Montgomery Ave. Rockville

DHMH - 16 60M 7/84 (VRA 15, 4)

AUS 0 6 1987 St. Siconificture

And I william a group of the control of the control

T OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 20 DATE KNOWN MONTH 2b. HOUR CTYPE OR PRINT! OF VITHIN 72 HOURS PRESTON STREET, LICE DEATH MATED DATE OF BIRTH AGE (IN YEARS IF LINDER 24 HRS DATE CAUC YEAR LAST BIRTHOAY PRONOUNCED 04 DEAD To BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED Kentucky United States MANTGOME ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRICTOR S Teacher Public TOMA 130 STREET ADDRESS 13a STATE 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN MONTGOMERY POTOMAC FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank Alice LaFontaine McDonald DIVISION 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO ADDRESS (YES, NO PHUNKNOWN) 413-50-5041 Dorothy Stewart, Same as CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: INFARCTION YOC ARDIAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which TERIOS CLERATIC gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO 7 VARDED TO THE CHAGE 3 SHOULD BE LEATE DEPARTMENT COMMENT COMME 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 23 HOUR A.M. MONTH DAY FOR UNDERLYING CONTRIBUTING CAUSE OF DEATH DIED 21e PLACE OF INJURY (AT HOME. NOT WHILE AT WORK AT WORK MARYLAND, 224 I certify that I took charge of the remains described above, held an and in my apinian Wertural causes Svicide Hamicide Undetermined manner PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAI TITNE (SPECIEY) 236 BURIAL, CREMATION, REMOVAL 236, DATE JULY Burial 29, 1987 Frankfort Cemetery Frankfort, 07/84 BP HOMEDATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M **DHMH - 17** (VR A15 ME (5))

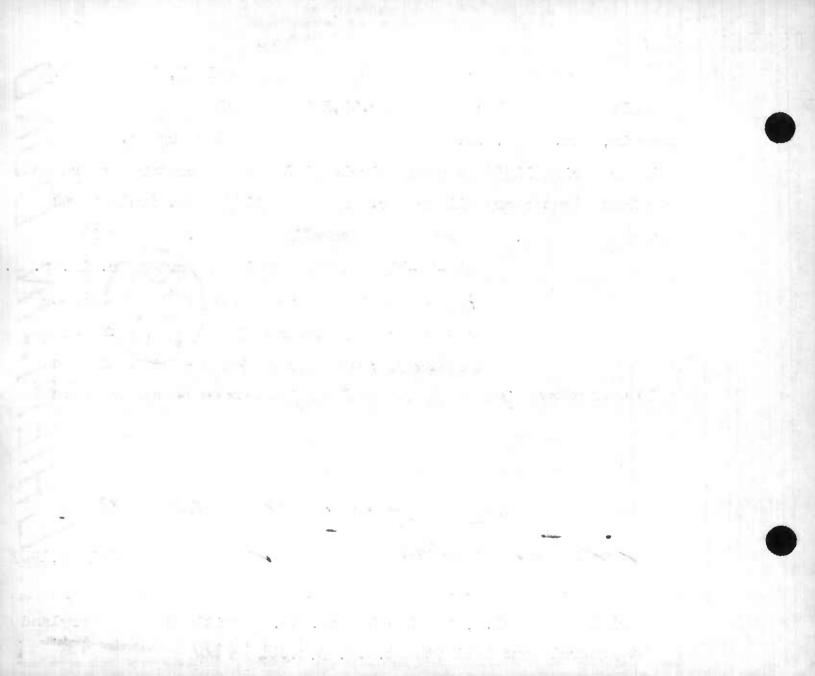
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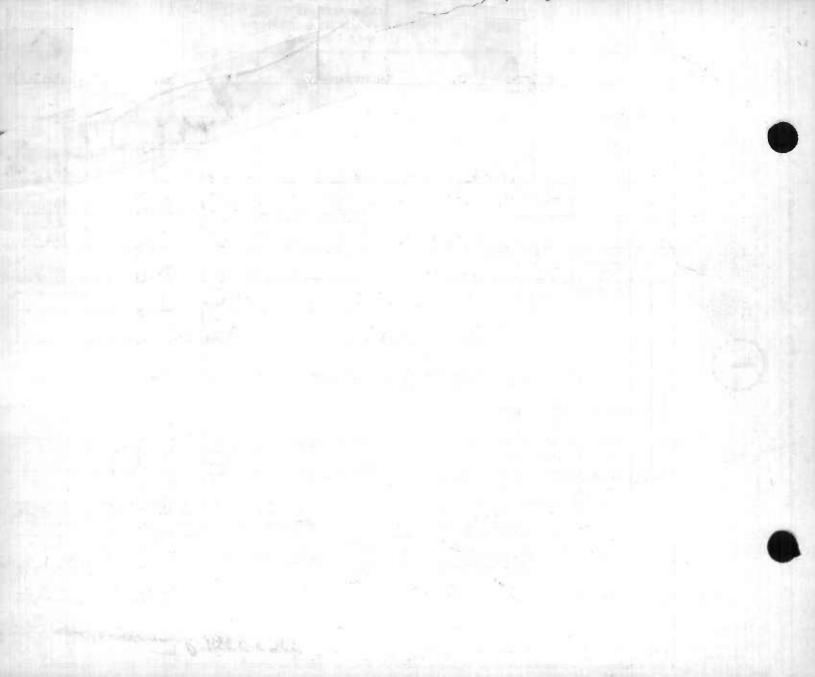
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	ASE OR. JRS JRS				Pegg		Eliz	abeth		Jones			OF DE ATH	ESTI- H MATED		7 .	7 19 8	
1	S NECESSARY, PLASE EFUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET.		emale		hite	Nov. 8,	1960	6. AGE (IN YE LAST BIRTHD 26 Y	ARS IF UN AY) MONT RS.	DER 1 YR.	IF UNDER	24 HRS.	PRONOL DEA	JNCED	7	NIH (	7 19 8	87 4:35
0	NECESS UNDERA S FOR WITHIN	FC	MISSISS	sipp	i	76 CITIZEN OF WI		NTRY?	8. MARR WIDOW	IED   NE	VER MARRI DIVORC			more cit	_			15 M
	ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5 YOULD BE FILED. I		Betheso	da		11. NAME OF HOS (IF NOT IN SUCH FA 5043 Br	adley	STREET ADDRESS)  Blvd.		ER INSTITU	TION		JAL OCC	UPATION ( PRKING LIFE) tomis	(TYPE OF W	VORK 12b	KINDO	F BUSINESS USTRY Irban pital
. 21201	ANNY DE LA STANT D	13e S	Maryla	nd	13b. COUNT	other institution, Gr y gomery	13c CITY	Y OR TOWN ethesda		13d INSIDE (		-	_	radle	y Bl	vd.	_	
RE, MD	FTER DEATH. IF RE PAGES 1, 2, FORM. PM. 3. SES 1 AND 2 SI SION OF VITAL		ATHER'S NAME Malco	lm		A.		Jones		Pe	er's MAIDE			Mae			Sande	
BALTIMORE, MD. 21201	JRS AFTER D WITH FORA WITH FORA F. PAGES 1 DIVISION C	16a. \	VAS DECEASEI	D EVER	IN U.S. ARM (IF YES, GIVE W			-80-49		Malco	olm A	. Joi	Bristones (	ol.^©t father	5hn.	0601 Alic	l 0 e Ter	race
Z ST., B	L NEW TOWN		18 CAUSE O PART I DE	F DEAT	AS CAUSED	one cause per line BY: CAUSE (a)		o), and (c).) sium int	oxicat	ion						-	APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEATH
ONE STORY PRESTON ST., DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	WITHIN WINER A WINER A TRANSIT NTAL HY		gave ri	se ta stating	any, which immediate the <u>under</u> -	DUE TO, OR	AS A CO	NSEQUENCE NSEQUENCE	OF									
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TAL RE	SIAL SEPTEMENT	CERTIFICATION	19e. DATE OF	OPER/	MIN	196 CONDIT	ION FOR	WHICH OPER	RATION W	AS PERFOR	MED?						20 AUTO	
ON OF VI	RTIFICATE SHOOT THE CONTROLL OF THE CONTROLL O		210 EXTERNA UNDERLYING CONTRIBUTION	: XX	OR		. MONTH	DAY YEA	R	ow INJURY					A 18 PART 1	OR PART 2)		X NO L
DIVISIO	WRITI WRITI ARDE AGE 3 ATE DI 1201	MEDICAL	WHILE AT WORK	NOT AT W	WHILE (X)	21e PLACE C STREET, FACT Home			21f. LO	CATION STREET 143 Brad			CITY OR T	OWN	nt, N	COUNTY	(	STATE
2.3	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WPAGE 4 SHOULD BE FORWATE FOR PARTIES OF THE WITH THE STATE BALTMORE, MARYLAND, 21:			fy that	l took charge	of the remoins des	Accident		Autop	y X, Homic	Inspection	Undet	Inquiry ermined n	y	ond in i	MY OPINIC	7-8	-87
	KECUTE T AGE 4 SI S FUNER TER DEA		EXAMINER'S (TYPE OR PRI	NT)		io F. Gol				ADDRESS_	111	l Per	nn St	., Ba			. 2	1201
07/84	Bb/75	(	urial, crema Buria	1		7/13/87	H	NAME OF CE.  Hopewel	ll Cer	netery	7	CITY		well,				STATE
25M	DHMH - 17	24 F	NAME 1331 RO	ocky	yson V	Wheeler Fike, Rocky	uner ille.	al Hom	e, In	c.	JUL P	13	1987	AR 25 RE	EGISTRA	R'S SIGN	NATURE	all

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						E OF MARYLAND				
1 1 100	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	GIENE	2 0	9 0	1
	1.05	REGISTRAR CEASED NAME FIRST		MIDDLE		AST	REG.	MONTH D	AY YEAR	Tarres
deoth		SHIR	LEY	B.	JORD		July	3. 198		7:45PA
	3 SE		4 RACE		5. DATE C		6 AGE LINYEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
				ماء			61	M	ONIHS DAYS	HOURS MIN.
) j		emale RTHPLACE (STATE OR FOREIGN	Bla	WHAT COUNTRY?		.21,1920	9 BALTIMORE CITY	YRS.	OF DEATH	
Col.		COUNTRY			MARRIE	NEVER MARRIED				
8		sonia, Conn.	U.S		WIDOWE	DIVORCED A	Montgom			MD. OF BUSINESS OR
30		ilver Sprin	(IF NOT IN SU	rebrua:	ADDRESS1	rcle #101	Lead Sec	OF WORKING HEE	INDUSTRY	ernment
2	USU.	AL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
20	Ma	ryland Mon	tgomery	Silver	Spr.	YES NO	11556 Fe	b.Circ	ele 20	)904
100	14 F/	ATHER'S NAME	WIDDE	LAST		15. MOTHER'S MAIDEN N				3.00
70	J	ames	D.	Brown		Isabelle	MIDDLE		Smit	th
0 7		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMANT	ADD			
medical		no	GIVE WAR OR DATES!	041-20	-4136	Penney Mo	y 10907 M	artha	Dr.Si	.1.Sp.Mc
the .		18 CAUSE OF DEATH (Enter	anly ane cause pe	r line for (a), (b), as	nd (c)				APPROX	IMATE INTERVAL ONSET AND DEATH
Ven		PART I. DEATH WAS CAL	SED BY	RESPI		DRY FA	ILURG			DIATE
tic e		,,,,,,,,						- 3	-	
froumo		Conditions, if any, which	( 1b)	NEURO	COG	ICK DISE	ASE		34	RS
-		gove rise to immediate cause (a), stating the	)	B AS A CONISEON	ENICE OF					
1		underlying cause last	(c)_			-BRAWSTEA				
1	z	PART 2 OTHER SIGNIFICAN		EDING	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COL	DITION GIVE	SOMAN	UKE
0 0	CERTIFICATION	19g DATE OF OPERATION				N WAS PERFORMED	20g AUTOPSY?		WERE FINDIN	
DX	문						YES NOTE	IN CERTIFY YES	ING CAUSES	
	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCU				NO 🗍
-		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH D			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)		.M. OF INJURY	19	21f LOCATION				
D.	WEI	WHILE IT NOT WHILE IT		REET FACTORY OFFICE.	FARM ETC }	STREET	CITY OR T	NWC	COUNTY	STATE
4		AT WORK AT WORK			~	RIL 1 10 8	7 17/	-	97	
		22a.   certify that (1) (this ha saw the deceased plive		deceased fram		d that in (my) (our) apıniaı	. 10	, 1	9	that (I) (we) last
25		above, (1) (we) (did) (did	not) view the bady	after death	-		death occurred on the o	late and hour		
1		22b. SIGNATURE	2.1-	e flu	20	DEGREE ATTENDING	DICAL STA	, FF	22¢ DATE	
5 1		more.		eyou	4	PHYSICIAN	DIRECTOR PHYS		July	8,1987
1		226 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS				
A LANGETAN		Richard P.	Delaney,	M.D.		4323 Havard	Street, Sil	ver Sp:	ring. N	vd. 20906
2	23o [	BURIAL, CREMATION, REMOV	AL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		V.	
		Burial	Jul.	9.87 I	incol	n Mem.Cem.	Suitla	nd		aryländ
M 7/84		JNERAL DIRECTOR				25a. DA	ATE REC'D. BY REGISTRA	256 REGISTR	AR'S SIGNA	URE
4)	F	lunt Funeral	Home 2	801 7th	St.I	V.E. D.d.JI	JL 1.4 1987	guna va	MACOLA	19.5
				1 44.					-	



(VRA 15, 4)



1 -	FOR STATE REGISTRAR
1- DEC	EASED NAME

IN CITY OR TOWN OF DEATH

Silver Spring

FIRST

4. FATHER'S NAME

CERTIFICATION

MEDICAL

TYPE OF PRINTS

SEX

## STATE OF MARYLAND

DEPARTMENT	T OF HEALTH	AND MENTAL	HYGI
CI	ERTIFICATI	OF DEATH	0

T OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE REG. NO.	90	3
LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Keller	July 4, 1987		11:45 M
DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
MONTH DAY YEAR	85	MONTHS DAYS	HOURS MIN

Male	White	May 11, 1902
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED
Pennsylvania	United States	WIDOWEDEN DIVORCED

1705 Sanford Road

Christian

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

17n USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Mechanical Engineer Drafting

9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County

1	Maryland	Montgomery	Silver	Sprin
	13a. STATE	136 COUNTY	13c CITY OR TO	WN

MIDDLE

YES X

LAST

13e.STREET ADDRESS / ZIP CODE NO 1705 Sanford Road 20902 15 MOTHER'S MAIDEN NAME MIDDLE LAST

D. Henry 16n WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) FIF YES, GIVE WAR OR DATEST

FIRST

Henry

Keller 166 SOCIAL SECURITY NO

13d. INSIDE CITY LIMITS?

17 INFORMANT

Louisa

ADDRESS

074-07-2550 No 18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c)

Karen Anderson,

28a AUTOPSY?

NOS

CITY OR TOWN

rate caremomatoris PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE Canditians, if any, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF

AT HOME STREET FACTORY, OFFICE, FARM, ETC )

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

underlying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	CONTRA GIVE CONTRA
(IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.
NA INTURY OCCURRED	21. DIACE OF INDURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) YEAR 19

IN CERTIFYING CAUSES OF DEATH?

206. IF YES, WERE FINDINGS USED

Heck

NOT WHILE 22a.1 certify that (t) (this haspital) attended the deceased from

90 DATE OF OPERATION

211 LOCATION

COUNTY July 87

SMINATURE

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN ATTENDING

July 6, 1987

22¢ DATE SIGNED

STATE

72d PHYSICIAN'S NAME LITTE OR PRINT

22e ADDRESS

14201 Laurel Park Drive, #107 MD 20707 Laurel,

Martin D. Weltz 230 BURIAL CREMATION, REMOVAL (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

DEGREE

23d. LOCATION

and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

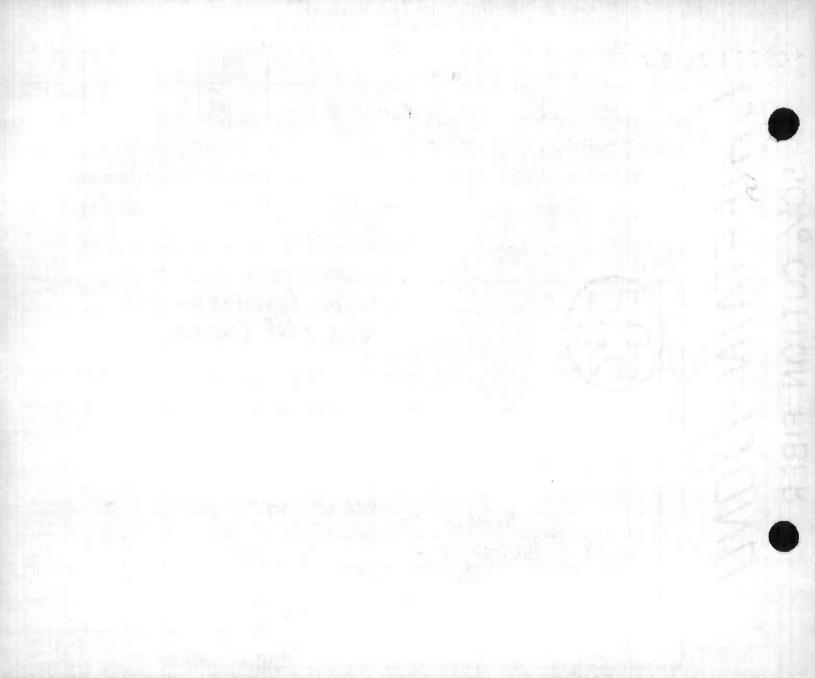
Virginia

DHMH - 16 60M 7/84 (VRA 15, 4)

7-6-87 Metropolitan Crematory Cremation 24 FUNERAL DIRECTOR Richard Rapp, Inc.

Alexandria, Julia Dender Gendres 25¢ DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

P. O. Box 43352, Washington, 20010 DC



(VRA 15, 4)

George R. Snowden



05990

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	- STATE - TEGISTRAR		CERTIFI	CATE OF DEATH	8 / REG. NO.	0 9 6	, 5
17	DECRASED NAME FIRST	MIDDLE	LA	51	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
1	TYPE OR PRINT)  DOLOF	RES K.	KEL	LEY	July 14,	1987	10:10a m
1.	SEX	4. RACE	5. DATE OF	-	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	Female	Caucasian	Decei	mber 20, 1916	5 70 <sub>YI</sub>	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  New Jersey	7b CITIZEN OF WHAT COUNTR United State	MARRIED	NEVER MARRIED DIVORCED	MONTGOMERY CO		MD.
	BETHESDA	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR CARRIAGE HIII.	EET ADDRESS)  — RETHI		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Home Maker	MG LIFE) INDUSTRY	Home
13		rother institution, Give residence ber NTY 13c CITY OR TO gomery Bethe	sda	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP C 5215 Cedar La	ode ne/20814	
1	FATHER'S NAME FIRST Louis	John Kauffma	710.7	IS MOTHER'S MAIDENNA Marie	WIDDLE	Keer	nan
116	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE 146-14		Paul L. Ke: Alexandria	lley 606 Fontai , Virginia 2230	ne Street 2 (Son)	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	Corlas	the Care	nomatores	3.	ment?
	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING T			20a AUTOPSY? 20b. II	GIVEN IN PART TO YES, WERE FINDING RTIFYING CAUSES YES	NGS USED
4.11	OR CONTRIBUTING CAUSE OF DE  {IF EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED		DAY YEAR 19	211 LOCATION STREET	RED {ENTER NATURE OF INJURY IN ITEA	county	STATE
	22a   certify that (I) (this hasp	oitol) ottended the decented from	17. on	EGREE	deoth occurred on the date one	hour and Irom the	

23b. DATE

CONNECTICUT

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

<sup>23b. DATE</sup> July 18,1987

230. NAME OF CEMETERY OR CREMATORY Saint Anthony s

23d LOCATION Mattapoisett

Massachusetts

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detach

MPORTANT

etoined by the TO HOSPITAL

BP.

74 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Home/
NAME Bethesda- Chevy Chase, Inc.
7557 Wisconsin Avenue Bethesda, Maryland 20814 24 FUNERAL DIRECTOR

Davidson Pa

requires that the death certificate

PHYSICIAN: The low

TO HOSPITAL OR ATTENDING TO FUNERAL DIRECTOR: FOR STATE REGISTRAR

3. SEX

Male

for poge 3 ofter death 2

or other troumotic event, the

riol, cremotion, or removol

should be detoched for use as the bu MPORTANT: If them 21 is marked at

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

Ē.

Caucasian

DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4.5
CERTIFICATE OF DEATH 3	PSC 51

YEAR Q

20 DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

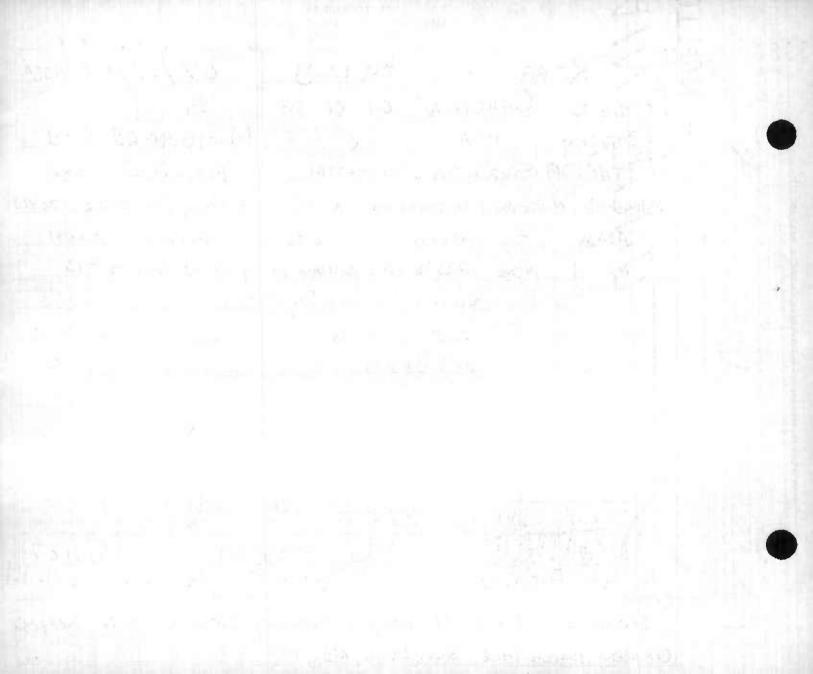
BALTIMORE CITY OR COUNTY OF DEATH

26 HOUR

IF UNDER 24 HRS

IF UNDER I YEAR

	RTHPLACE (STATE ORFO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	EXNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
	ashington.	DC	USA		WIDOWE		MONT	gomeri	)	MD.
_	ITY OR TOWN OF DEA					OR OTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUS	INESS OR
c	ilven Spriv	20	(# NOT IN SEC	H FACILITY, GIVE STREET	050		Comm Spec		DUSTRY Air For	0.0
USU	AL RESIDENCE (IF NURSI	NG HOME OF OTH							AL/L 1.0/L	C.E.
	aruland	Montgo		Kensing		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		208	QE
_	THER'S NAME	Monage	mercy	Kenszny	con	15. MOTHER'S MAIDEN N		MER AVE	nue 200	73
	FIRST	MID	DIE	LAST IV = D D		FIRST	WIDDLE		Kelle	
_	John	DILLE ADAG	D FORCES?	Kell		Anna 17 INFORMANT	ADDR	FSS	Kelle	. <u>y</u>
- (	WAS DECEASED EVER I	IN YES GIVE W	AR OR DATES!							
	yes	1942-1	1945	577-12-0	683	Grace T. Kel	ly/wife	same as		
	18 CAUSE OF DEATH	1 (Enter only	one couse per	line for (a), (b), one	dici	2 /	7 1/4		APPROXIMATE IN	NTERVAL AND DEATH
	PART I. DEATH W.	IMMEDIATE (		acu	te	reval le	allise		Woors	
			DUE TO O	R AS A CONSEQUE	NCE OF	0 1/0	6		-,	
	Conditions, if ony,	which	(b)	Sevi	ne	Lever de	usic.		40970	6
	gove rise to imm	nediote	DUE TO O	DAS A CONSTOUR	NCE OF					
	underlying couse	lost.	DUE 10, OI	R AS A CONSEQUE	Tou	AR ENDO	CARPITI	c K	VIES	
	PART 2 OTHER SIGN	HEICANIT COL	NDITIONS CO	ONTRIBUTING TO E		NOT REPAJED TO THE TER		IDITION CIVEN IN	DART I.e.	
Z	PART 2 OTHER SIGN	MEICANI CO	NDITIONS CC	916 SO >	JEAIN BUI	HAT A	MINAL DISEASE OR COI	DITION GIVEN IN	FARI IIO	
			/ //	111100011	Mad	1101114	IMICIA			
ATIC	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI	RE FINDINGS U	ISED
FICATIO	198 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING	CAUSES OF D	EATH?
ERTIFICATION					OPERATIO		YES NO	IN CERTIFYING	CAUSES OF DI	
L CERTIFICATION	190 DATE OF OPERAT	ERLYING	196 CONDI 216, TIME O HOUR A.	F INJURY		N WAS PERFORMED	YES NO	IN CERTIFYING	CAUSES OF DI	EATH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING C	ERLYING	216. TIME O HOUR A	FINJURY M. MONTH DA M.		21c HOW INJURY OCCU	YES NO	IN CERTIFYING	CAUSES OF DI	EATH?
	21a, ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	ERLYING AUSE OF DEATH (AL EXAMINER)	21b. TIME O HOUR A P.:	FINJURY M. MONTH DA M.	YEAR		YES NO	IN CERTIFYING YES  URY IN ITEM 18 PART 1 C	CAUSES OF DI	EATH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C	ERLYING	21b. TIME O HOUR A P.:	FINJURY M. MONTH DA M. OFINJURY	YEAR	21c HOW INJURY OCCU	YES NO	IN CERTIFYING YES  URY IN ITEM 18 PART 1 C	CAUSES OF DI NO	EATH?
	21a, ACCIDENT WAS UND OR CONTRIBUTING CF CIFETHER, NOTIFF MEDIC 21d INJURY OCCURR WMILE NOT WHAT WORK NOT WHAT WORK 22a.1 certify that (1)	ERLYING AUSE OF DEATH ALEXAMINER) IED ILE AUSE (this hospital	21b. TIME O HOUR A. P., 21e PLACE ( IAT HOME STR	F INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F	AY YEAR	21c HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF IN)	IN CERTIFYING YES  URY IN ITEM 18 PART 1 C	OUNTY	STATE
	210. ACCIDENT WAS UND OR CONTRIBUTING CF CIFETHER NOTIFF MEDIC  21d INJURY OCCURR WHILE NOT WHAT WORK NOT WHAT	AUSE OF DEATH ALEXAMINER)  ED  (this hospital	21b. TIME O HOUR A. P., 21e PLACE ( JAT HOME STR	FINJURY M. MONTH DA M. OF INJURY GEEL FACTORY OFFICE, F	AY YEAR	21c HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF IN)	IN CERTIFYING YES  URY IN ITEM 18 PART 1 C	OUNTY	STATE
	21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK 22a.1 certify that (1) Sow the decase	AUSE OF DEATH ALEXAMINER)  ED  (this hospital	21b. TIME O HOUR A. P., 21e PLACE ( JAT HOME STR	FINJURY M. MONTH DA M. OF INJURY GEEL FACTORY OFFICE, F	AY YEAR 19 ARM ETC.	21c HOW INJURY OCCU	YES NO	IN CERTIFYING YES   JRY IN ITEM 18 PART 1 C  DWN  Color and hour and	OUNTY	STATE  STATE  It (we) lost is stoted
	21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK 22a.1 certify that (1) Sow the decase	AUSE OF DEATH ALEXAMINER)  ED  (this hospital	21b. TIME O HOUR A. P., 21e PLACE ( JAT HOME STR	FINJURY M. MONTH DA M. OF INJURY GEEL FACTORY OFFICE, F	AY YEAR 19 ARM ETC.	21c HOW INJURY OCCU	YES NO NO RRED (ENTER NATURE OF IN)  (117 OR 1  , to n deoth occurred on the o	IN CERTIFYING YES   JRY IN ITEM 18 PART 1 C  OWN   Cotton ond hour and	OUNTY . that (	STATE  STATE  It (we) lost is stoted
	218. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 214. IN JURY OCCURR WHITE NOT WHAT WORK NOT WHAT WORK 228.1 certify that (1) Sow the decase	ERLYING	21b. TIME O HOUR A. P.: 21e PLACE ( IAT HOME STR ) ottended 1)	FINJURY M. MONTH DA M. OF INJURY GEEL FACTORY OFFICE, F	AY YEAR 19 ARM ETC.	21c HOW INJURY OCCU	YES NO NO RRED (ENTER NATURE OF IN)  (117 OR 1	IN CERTIFYING YES   JRY IN ITEM 18 PART 1 C  OWN   Cotton ond hour and	OUNTY . that (	STATE  STATE  It (we) lost is stoted
	21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCURR WHIE NOT WHAT WORK NOT WHAT WORK  22a.1 certify that (1) Sow the decease obove, (1) (we) (d)	ERLYING	21b. TIME O HOUR A. P.: 21e PLACE ( IAT HOME STR ) ottended 1)	FINJURY M. MONTH DA M. OF INJURY GEEL FACTORY OFFICE, F	AY YEAR 19 ARM ETC.	21c HOW INJURY OCCU	YES NO NO RRED (ENTER NATURE OF IN)  (117 OR 1	IN CERTIFYING YES   JRY IN ITEM 18 PART 1 C  OWN   Cotton ond hour and	OUNTY . that (	STATE  STATE  It (we) lost is stoted
MEDICAL	210. ACCIDENT WAS UND OR CONTRIBUTING CIF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK ALWOR 220. I certify that (1) Sow the decease obove, (1) (we) id	AUSE OF DEATH ALEXAMINER)  ED  ILE (this hospitol d olive on id) (did not)	21b. TIME O HOUR A. P., 21e PLACE ( JAT HOME STA	FINJURY M. MONTH DA M. OF INJURY elect FACTORY OFFICE F e deceosed from 19 affer Beoth.	AY YEAR  19  ARM ETC.	21c HOW INJURY OCCU  211 LOCATION  111 LOCATION  114 LOCATION  115 LOCATION  116 LOCATION  117 LOCATION  118 LOCAT	YES NO	IN CERTIFYING YES   JRY IN ITEM 18 PART 1 C  OWN   Cotton ond hour and	OUNTY . that (	STATE  STATE  It (we) lost is stoted
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230 E	218. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER NOTIFY MEDIC 214 IN JURY OCCURR WHITE OF WAT WORK OF WAT WORK  228.1 certify that (I) Sow the decease obove, (I) (we) id  171. SG 188.  BURIAL, CREMATION, (SPECIFY) BULL UNERAL DIRECTOR NAME	ERLYING   AUSE OF DEATH ALEXAMINER)  IED  ILE   IN	21b. TIME O HOUR A. P.: 21e PLACE   IAT HOME STR ) ottended 1) 23b DATE  July 3 i	FINJURY M. MONTH DA M. OF INJURY refer factory office f e deceosed from 23 19 23 1,1987 S. Collingure	AY YEAR  ARM ETC!  ARM ETC!  AND TO THE TECHNOLOGY  AND THE TECHNO	21c HOW INJURY OCCU 211 LOCATION and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c ADDRESS  EMETERY OR CREMATORY TLY &	RRED (ENTER NATURE OF IN)  CITY OR T  THE DICAL  PHYSI  PLIAG  23d LOCATION  CITY OR TOWN	IN CERTIFYING YES   DWN  Colore and hour and  Residence of the part of the par	OUNTY  S SIGNATURE	STATE  I) (we) lost s stoted  E)  ATALE  MD
230 E	210. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER NOTIFY MEDIC 21d INJURY OCCURR WHITE NOT WA AT WORK AT WORK 220.1 certify that (1) sow the decease obove, (1) (we).(d) 71. STATE OF THE	ERLYING   AUSE OF DEATH ALEXAMINER)  IED  ILE   IN	21b. TIME O HOUR A. P.: 21e PLACE   IAT HOME STR ) ottended 1) 23b DATE  July 3 i	FINJURY M. MONTH DA M. OF INJURY refer factory office f e deceosed from 23 19 23 1,1987 S. Collingure	AY YEAR  ARM ETC!  ARM ETC!  AND TO THE TECHNOLOGY  AND THE TECHNO	21c HOW INJURY OCCU 211 LOCATION and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22c ADDRESS  EMETERY OR CREMATORY TLY &	PRED (ENTER NATURE OF IN)  CITY OR T  TO DIRECTOR PHYSICAL PHYSICA	IN CERTIFYING YES   DWN  Colore and hour and  Residence of the part of the par	OUNTY  OUNTY	STATE  I) (we) lost s stoted  E)  ATALE  MD



DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER DECEASED NAME DATE KNOWN John Lane Kennedy (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD Male White 70 BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY United States Pennsylvania DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF M FOR MOST OF WORKING LIFE) OR INDUSTRY Takoma Park U.S. Air Force Master Sergeant ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 136 COUNTY 13c. CITY OR TOWN Ohio Belmont Bridgeport NOXX 54481 National Road BALTIMORE, MD. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Clarence Kennedy Anna Statzer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 1948-1965 Yes 284-26-3046 Janet Loy Kennedy, Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY FAT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE WHILE AT WORK FACUTE THE CONTROL OF THE CONTROL OF THE STATE OF THE STA 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Natural couses Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) 1919 Seminary Road TYPE OF PRINT John S. Rogers, M. D. ADDRESS Silver Spring, MD 20910 THE BURIAL CREMATION REMOVAL 72% DATE TIL NAME OF CEMETERY OR CREMATORY 734 LOCATION COUNTY STATE Mt. Zion Cemetery Burial Bellaire, Ohio BY RECEDIAR 256 PEGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR Bauknecht Euneral Home DHMH 37th Street, Bellaire, (VR A15 ME (5)) 43906

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Leater J. i. cyeson . 7.27 87 2. Male white Dec. 17, 1:22 64 Mentgomery County Takoma Fark 113 Sherman Avenue Maryland Montromery Lacona rank 113 Sherman Avenue Acute myccordial disease. l.one None Deputy Seminary Road bilver Swing, Montromery County, AD John S. Korers, E.D.

IMPORT A 73s BURIAL CREMATION, REMOVAL 21h DATE 73r. NAME OF CEMETERY OF CREMATORY CONCRE Burial July 11, 1987 Washington, DC Rock Creek Hinesy Rinaldi Funeral Home 11800 N.H. 250 DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

26 HOUR

Presby Church

20902

NO IT

STATE

YES T

COUNTY

Hang

YRS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 2b. HOUR (TYPE OF PRINT) IF UNDER LYEAR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX DAYS YEAR BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE L CITIZEN OF WHAT COUNTRY ( STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13e.STREET ADDRESS, / ZIP CODE 13d. INSIDE CITY LIMITS? 14 FATHER'S WAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. aured IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lice CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an and that in (my) (our) apinion death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c DATE SIGNED MA ATTENDING MEDICAL TORRECTOR PHYSICIAN MPORTANT 22e ADDRESS 724 PHYSICIAN'S NAME LIVE OF PR should be rand 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL (SPECIFY) Natinal Burial 24 FUNERAL DIFECTOR man Funeral Service DHMH - 16 60M 7/B4 fourteen th St. N.W. Wash.D.C

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

Francis J. Collinsons Jr. W Silver Spring MD 20901 500 University Blud.

Burial

24 FUNERAL DIRECTOR

July 20, 1987 Gate of Heaven

25c. DATE REC'D. ulia Davidson. 1111

Silver Spring Montgomery

2b HOUR

12b. KIND OF BUSINESS OR

Cronin

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1 Min

6 marths

NO I

STATE

COUNTY

22c. DATE SIGNED

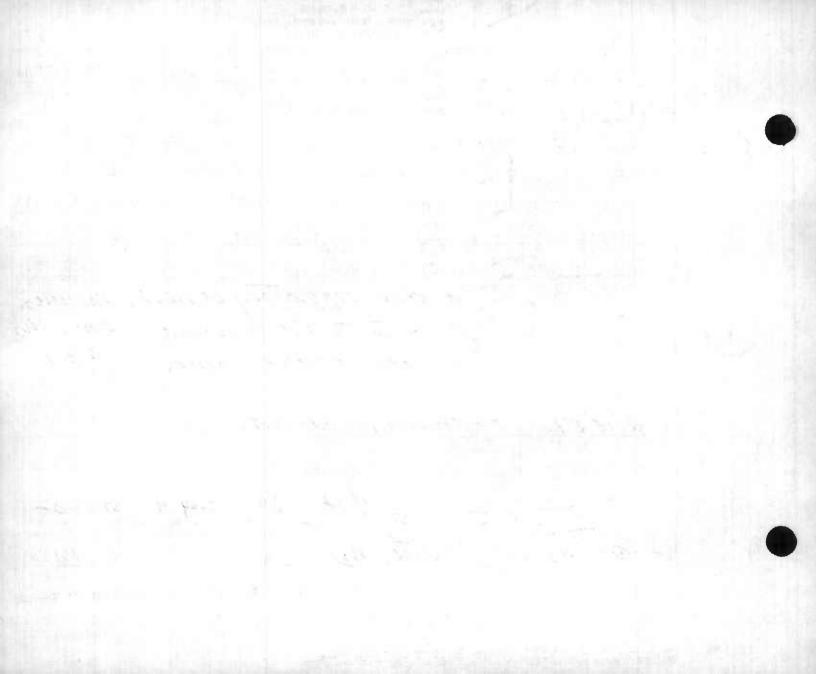
20901

INDUSTRY

2:470

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  1. DECEASED NAME FIRST MODIE  Leota Farwell Kirby  3. SEX  Female  Caucasian  Tune 11, 1928  Fo BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Massachusetts  United States  United States  Widower Married  Married  Montgomery County  Montgomery County  120. DATE OF DEATH  MONITH  MONITH  MARRIED  MORRIED  MORRIED  MONTGOMERY  MONTGOME
Leota Farwell Kirby  July 29, 1987  3. SEX  4 RACE  5. DATE OF BIRTH MONIH DAY  YEAR  59 YRS.  Female  Caucasian  June 11, 1928  Fo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MASSachusetts  United States  WIDOWED  DNORCED  MARRIED  NEVER MARRIED  NONTHOR OF WHAT COUNTRY?  MARRIED  NONTHOR OF WHAT COUNTRY OR COUNTY OF DEATH  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Olney  Montgomery County  120. DATE OF DEATH MONTH DAY  YEAR  20. HOUR  14227 Briarwood Terrace
Leota Farwell Kirby July 29, 1987  3. SEX  4. RACE  5. DATE OF BIRTH MONIH GAY YEAR  Female  Caucasian  June 11, 1928  59  YRS.  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  MONTGOMERY  MARRIED  MONTGOMERY
Leota Farwell Kirby  3. SEX  4. RACE  5. DATE OF BIRTH MONIH DAY VEAR  5. DATE OF BIRTH MONIH DAY VEAR  Female  Caucasian  7b. CITIZEN OF WHAT COUNTRY? Massachusetts  United States  United States WIDOWED  DIVORCED  Montgomery  Montgomery  Montgomery  County  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ACDRESS)  Olney  Montgomery  Montgome
3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY VEAR  5. DATE OF BIRTH MONTH DAY VEAR MONTHS DAYS HOURS HOUNG NOTIFIED  7. CITIZEN OF WHAT COUNTRY? MARRIED MARRIED MARRIED MARRIED MONTGOMERY MONTGOMERY MONTGOMERY  7. CITIZEN OF WHAT COUNTRY? MARRIED MONTGOMERY MONTGOMERY MONTGOMERY  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) (TYPEO OF WORK FOR MOST OF WORKING LIVE) (INDUSTRY  N. B. S.  13. STATE  13. COUNTY  MARVIAND MONTGOMERY ROCKVIILE  13. CITY OR TOWN 14. CITY OR TOWN 15. CITY OR
Female Caucasian June 11, 1928  Jo. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Massachusetts United States widowed DMORCED MORCED MONTGOMERY  OLITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GWE STREET ADDRESS)  Olney Montgomery General Hospital  Data Entry Clerk  N.B.S.  136. STATE  136. COUNTY  Maryland Montgomery Rockville  Montgomery Rockville  136. INSIDE CITY LIMITS?  YES MOD 14227 Briarwood Terrace
76. CITIZEN OF WHAT COUNTRY?  Massachusetts  United States   WIDOWED   DMORCED   Montgomery County  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GWE STREET ADDRESS)  Olney   Montgomery General Hospital   136. CITY OR TOWN   136. INSIDE CITY LIMITS?  130. STATE   136. COUNTY   136. CITY OR TOWN   136. INSIDE CITY LIMITS?  Maryland   Montgomery Rockyille   YES   No   14227   Briarwood Terrace
Massachusetts United States   Modern   Montgomery County   Montgom
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GRE SIREET ADDRESS)  Olney  Montgomery General Hospital  126. USUAL OCCUPATION (IT YOU OF WORK FOR MOST OF WORKING LIFE) (IT YOU OF WORK FOR MOST OF WORKING LIFE) (INDUSTRY  Data Entry Clerk  N. B. S.  136. STREET ADDRESS / ZIP CODE  Maryland  Montgomery Rockyille  YES ADDRESS  14227 Briarwood Terrace
Olney  Montgomery General Hospital  Partial Residence (if nursing home or other institution, give residence before admission)  13a STATE  Marvland  Montgomery Rockville  Marvland  Montgomery Rockville  Montgomery Rockville  Montgomery Rockville  Montgomery Rockville  Marvland  Montgomery Rockville  Montgomery Rockville  Montgomery Rockville  Marvland  Montgomery Rockville  Montgomery Rockville
Maryland Montgomery Rockyille YES A NO 14227 Briarwood Terrace
136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 14227 Briarwood Terrace
Trail visited in the state of t
14. FATHER'S NAME FIRST MIDDLE LAST  15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
Robert L. Farwell Mary Elson
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DE LAND W. WADDRESS 1/227 Part 17700 d
(ves. NO OR UNKNOWN) (IF Ves. GIVE WAR OR DATES) 033-20-4507 Terrace Rockville, Maryland 20853
ADDOVAGANT INTERV
18 CAUSE OF DEATH (Enter only one couse per line for yo), (b), and (c).)  PART I, DEATH WAS CAUSED BY:
(IMMEDIATE CAUSE 10) Ullenocuren me of trent with I yra
DUE TO, OR AS A CONSEQUENCE OF
Conditions, if any, which (b)
gove rise to immediate
cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
(c)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To
E Recut Intelement herestown, unknown cause reporter thrombogy from .
Recent Subdiction for Which OPERATION WAS PERFORMED IN UTOPSY? 106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
YES NOW YES NOW
210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
21d. INJURY OCCURRED 21e PLACE OF INJURY (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STA
NOT WHILE AT WORK
220-1 certify that (1) (this baselal) attended the deceased from 1984, to 29 kelos, 1981, that (1) (we
sow the deceased alive an 29 Mb 1987, and that in (my) (eve) apinion death occurred an the date and haur and from the causes state
saw the decreased arive on the body after death.
The State St
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 29 July
22d PHYSICIAN'S NAME (TYPE ORPRINT) 22e ADDRESS 1 0.1.1.1 D
18111 Prince Philip Drive
of of the state of
230. BURIAL, CREMATION, REMOVAL 23b. DATE T. 1 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION
(SDECIEVE CITY OR FOWN COUNTY STA
(SPECIFY) July Metropolitan CITY OR TOWN COUNTY STA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) July 9. 1987 Janet Kneipp 5:30A. 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYL IF UNDER 1 YEAR IF UNDER 24 HRS April 22, 1918 69 Female White To. BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County U.S.A. Pennsylvania DIVORCEDXX WIDOWED 10. CITY OR TOWN OF DEATH Education 4315 Maple Avenue Teacher Bethesda 13b COUNTY 13e STREET ADDRESS 4315 Maple Avenue / 20814 Montgomery Bethesda Maryland 15. MOTHER'S MAIDEN NAME Yost LAST Elizabeth Rettew Pierce 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT LIF YES GIVE WAR OR DATEST Judy Lyons (Daughter) Same as 179-12-3097 No None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), as Conditions, if ony, which gave rise to immediate couse (a), stoting the enocare nous underlying couse lost RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIP CERTIFICATION 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET FACTORY, OFFICE FARM, ETC.) STREET CITY OF TOWN COUNTY NOT WHILE 22a I certify that (F) this hospital) attended the deceased from sow the deceased alive on the body after death (eur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING July/9/87 PHYSICIAN X DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 3301 New Mexico Ave.NW Washington, D.C. Salius Naujokaitis. M.D. 23g. BURIAL CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY July/10/87 Chambers Crematory Riverdale, PG Co, Maryland Cremation 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) Chambers Funeral Home Silver Spring, Md.



7-7-87

9013 Annapolis Road Lanham, Maryland 20706

24 FUNERAL DIRECTOR Rendon-Hale Lanham Funeral

Cedar Hill

159134 JUL

HMH # 16 50M 7/84

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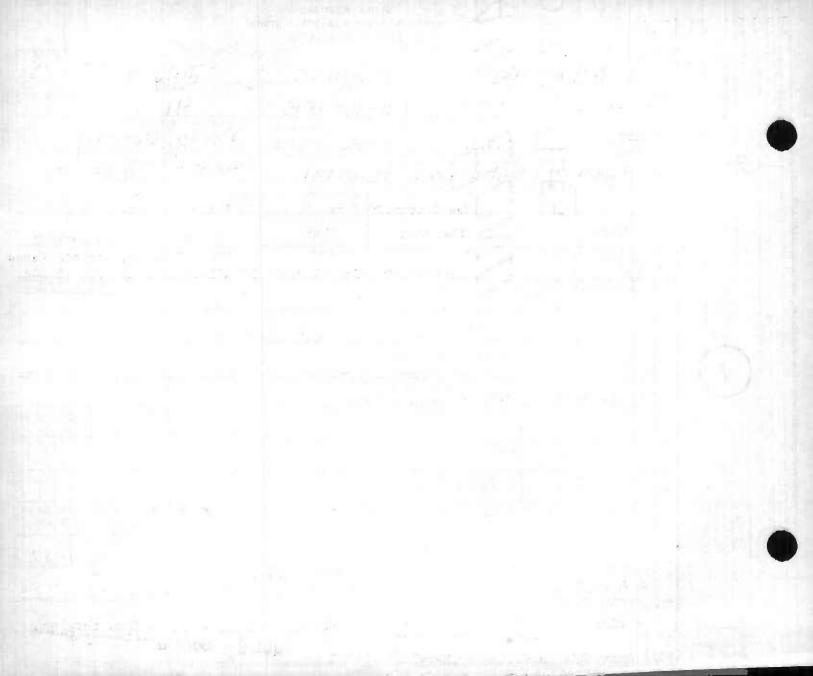
REGISTRAR

## STATE OF MARYLAND

**DEPARTMENT OF HEALTH** CERTIFICATE

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EVER MARRIED DIVORCED	9. BALTIM	ORE CITY OR		OF DEA	TH -		MD.
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10	東京日	₹0. C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, OR OTH		MAL OCCUPATION (TYPE OF V	WORK 126 KIND OF BUSINESS OR INDUSTRY
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4 N	BAL O		18 CAUSE OF DEATH (Enter	anly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ä	ATE SHE S	- 5	220. I certify that I taak ch	arge at the remains des	cribed abave, held an Autop	osy , Inspection .	Inquiry and in	my apinian
MIN	HE TELEVISION OF THE PERSON OF		death resulted fram: No	moral causes .	Accident , Suicide	, Hamicide . Unde	termined manner,	
<b>3</b>	WAR WAR		ACTUAL &	- 6	11111111	TITLE (SPECIFY)		w 2/2 / /
3	SHAN THE	1	SIGNATURE	coccel	right &	D. Deft MED		DATE 7/26/87
WEDI	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PATER DEATH, WITH THE ST. BALTINORE, MARYLAND, 2		EXAMINER'S NAME - RH	wess (	MALLE	ADDRESS Dev WIE	enculded	Bornes
01	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23e.B	JRIAL, CREMATION, REMOVA	L 23b_DATE	23c. NAME OF CEMETERY C	OR CREMATORY 123d. LC	OCATION	-2,7,500
07/84 B			Cremation	7/27/87	Metropolita	an Crematory	Alexandria, Vi	irginia state
25M	DHMH - 17	24 FI	NAME TYSON WI	heeler Fune	ral Home, Inc.	250. DATE REC'D. B		AR'S SIGNATURE
(VI	R A15 ME (5))		1331 Rockvill	e Pike, Roc	rai Home, Inc. kville, Md. 2085	JUL 2	9 1987 Julia Da	indern-Randalls

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME (TYPE OR PRINT) OF ESTI-R FILES. HOURS STREET, RICHARD JOSEPH LABU'DA DATE OF BIRTH SEX 4. RACE IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED am White 25 DEAD Male14 62 7-5-87 19 10-128 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH Montgomery County

CCHPATION (19FE OF WORK 125 KIND GERNARD)

OR INDUSTRY MARRIED NEVER MARRIED FOREIGN COUNTRY! Indiana WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Retired Admin. Silver Spring Castle Blvd, Apt. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d. INSIDE CITY LIMITS? 14139 Castle Blvd. #204 Silver Spr. Md. Montgomery YEXX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LaBuda M. Gonsiorowski Joseph Casimira 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 904 Marigold Rd. 166 SOCIAL SECURITY NO. 17. INFORMANT DIVISION PAGES ( IF YES, GIVE WAR OR DATES) 316-14-9664 Richard LaBuda GlenBurnie, Md. WWII YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis of liver IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NTOF YES X FICATE, WRITING THE WOR E FORWARDED TO THE CI-TOR: PAGE 3 SHOULD BE L THE STATE DEPARTMENT C NO [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTETHE CERTIFICATE, WRITIN PACE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER, DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 2120 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY 228. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 7-6-87 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 230. DAJE 3/87 23. NAME OF CEMETERY OF CREMATORY Arlington Nat 1Cem. Artington Aftington Va. 07/84 BP 7601 Sandy Spring Road 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Fleck Funeral Home, Inc. Laurel, Md. 20707 [] (VR A15 ME (5)) dea Devideon Pandalle

W. W.	STATE OF MARYLAND								
( )	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH			GIENE 2 0 9 2 0			
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pod .i.e. de	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS	ER TYEAR IF UNDER 24 HRS
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15	13a.	al residence (if nursing homestate 136 cc	or other institution bunty ntgomer	13c CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO 7618 Bells M	DE 111	Road/20817
الرسطية الم		ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN N	IAME		
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rificate has been signed by the attendin stransit permit. Then please remove corb to Hygenee prior to burnal, cremation, or m 18 shows any injury, or other traumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN THROMBO  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, CO.  TO PE  19b. COND  21b. TIME CO.	ENTA S	OUENCE ORCE TO DEATH BUT LEUK ICH OPERATIO	N WAS PERFORMED	ACTON OLD M  200 AUTOPSY? 200 IF IN CER  YES NOW NITEMANDER OF INJURY IN ITEM	YES, WERE RTIFYING C YES [	PART 110  PART 110  PART 2)
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olth and Me marked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COL	DUNTY STATE
for use of Health		220.1 certify that (I) (this has sow the deceased alive ove, (I) (we) (did) (did			7.6 7	d that in (my) James opinio	n death occurred on the date and h	, 19 8	that (I) (we) lost rom the causes stated
detoched tote Dept. NT: If Item		22h HUNATURE	1. Com	WW	7	DEGREE ATTENDING. PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	22	L DATE SIGNED
shauld be deto with the Stote [ IMPORTANT: If		JOSEPH D	CONN		0,	9420 Old	Georgetown Rd.	Bether	la mo 2084
<u> </u>		surial, cremation, remov SPECIF Burial	22, 1	987	Gate o	emetery or crematory f Heaven C	Silver Sp	ring	. Maryland
H - 16 60M 7/B4 (VRA 15, 4)	24 F	ethesda-Che	rt A.Pui	mphrey	3	al Home	ATE REC'D BY REGISTRAR 25% REG	ISTRAR'SIS	SIGNATURE

FEMALE   TAIL OF ORDER   TAI		1			STATE OF MARYLAND		
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE COUSE (a)  CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO PART	ecut col					ADDRESS	
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OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22d. I certify that (I) (this haspital) ottended the deceased from 5 3 3 -, 19 8 7 , ta 7 - 1 , 19 2 7 , that (I) (we) 14 And 14 A	sign hen he b	Z	PART 2. OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING I	JOEATH BOT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART IId
OR CONTREUTING CAUSE OF DEATH  (# EITHER NOTIFY MEDICAL EXAMINER)  P.M.	ny in	4 \	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS LISED
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY TEAR  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22d. I certify that (I) (this haspital) ottended the deceased from 5 3 3 -, 19 8 7 , ta 7 - 1 , 19 2 7 , that (I) (we) 14 And 14 A	n. n. perm	본				IN CER	RTIFYING CAUSES OF DEATH?
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Saw the deceased alive an	of the of the orke	1	AT WORK AT WORK				
above, (1) (we) (did) (did nat) view the body after death.  276. SIGNATURE  TOM P. KANNAR AT.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	S m depl				· / _ / _ / _ / _ / _ / _ / _ / _		, 19 <u>\$ 7</u> , that (I) (we) to
PHYSICIAN'S NAME (TYPE OF PRINT)  TONY P. LAWNAR LATT.  220. ADDRESS  230. BURIAL, CREMATION, REMOVAL  230. BURIAL, CREMATION, REMOVAL  230. BURIAL, CREMATION, REMOVAL  230. BURIAL, CREMATION  240. FUNCTION OF COUNTY P. C.	prite prite prite for of h		saw the deceased alive a		87, and that in (my) (aur) apinian	death accurred on the date and l	hour and from the couses stated
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BP CREATION DULY 2.1987 PALTINGRE/NASHINGTON CREMATOLY LAURGY P.G. M.  24. FUNGRAL DIRECTOR C. 1787 PALTINGRE/NASHINGTON CREMATOLY LAURGY P.G. M.  250. DATE REC'D. BYREGISTRAR'S SIGNATURE	APP APP	-					2091
BP CREMATION DULY 2. 1987 MALTINGRE INASAINSTON CREMATILY LAURGY P.G. M. 21. FUNERAL DIRECTOR P. 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE	- 2	23a.	BURIAL, CREMATION, REMOVA		7	23d. LOCATION CITY OR TOWN	COUNTY A STATE
24. FUNERAL DIRECTOR / 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	BP	C		DULY 2.1987 1	altinice/MASHINGTON C.	REMATURE LAU	RGh P.G M)
	DHMH - 16 60M 7/B4	24. F	UNERAL DIRECTOR		250. DA	TE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'  ING PHYSICIAN: The low requires that the death certificate be executed within 24 hourse, offer this certificate been signed by the attending physician and certificate becautified in by os the buriol-transit permit. Then please remove corbonapop 1986 millionial hoyd be filled in by the hond Mental Hygene prior to buriol, cremotion, or remove orkedor them 8 shapes only injury, or other troumotic event, in them 8 shapes on the process of the process of the process of them.		ryland Mon	tgomery	Silver S	pring	13d. INSIDE CITY LIMITS?  YES NO	13e STREET ADDRESS 228 Herml	eigh Ro	ad	20902
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R ATTI hospit IRECTC hed fo hed fo tem 21		obove, (I) (we) (did) (did	not) view the boo	ly offer death.	/	DEGREE	- V		1220 DATE	SIGNED
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(VRA 15, 4)	50	10 University	Blud. W.	Silver	Spring	Md. 20901	U 198/	Jucies Di	andern.	adres

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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e 4 moy	s after de	3. SE.		ORIENTAL 4	S. DATE O	F BIRTH YEAR	AGE (IN YEARS LAST BIRT	THDAY) IF UNDER LYE MONTHS DA	
sorth Pog neral dire	97		COLINITAVI	CITIZEN OF WHAT COUNTR United State	AAADDIE	NEVER MARRIED DO	BALTIMORE CITY O	R COUNTY OF DEATH	
s after d	27/			1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME O	ROTHER INSTITUTION	126 USUAL OCCUPATION OF WORK FOR MOSTO HOUSEWIFE	ON / 126. KIN	OF BUSINESS OR
A	onld be	USU.	AL RESIDENCE (IF NURSING HOME OR C STATE 13b. COUNT	13r. CITY OR TO	ORE ADMISSION)		3. SIREET ADDRESS LOOI-Whiteh	ZIP CODE nall Street	20901
ned within	150	14. FA	ATHER'S NAME FIRST  Wong  Kil	ng Non		15. MOTHER'S MAIDEN NAM FIRST <b>Lim</b>	MIDDLE		LAST LEE
ond co	Poges	16a V	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (18 YES, GIVE NO	MED FORCES? 16b. SOCIAL SE STORY OF GATES) 16b. SOCIAL SE		Tsung T.Lee (So	on) Same as	#13	
rificate physicia	moopers.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Cray	ond ici	rock.	-27	BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
that the death cer	de remone corbo remedian, or re other resumotic e		Canditions, if any, which gove rise to immediate couse (ol), stating the underlying cause lost.	DUE TO, OR AS A CONSEG	decray	ofothy			
quires th		NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERMIN	nal disease or coni	DITION GIVEN IN PART	[ 1(a)
he lowere	ene prior	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	NDINGS USED SES OF DEATH?
CIAN: T g physici ertificate	iol-transi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	2)
attendin	e as the bural the and me morked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
TTENDIN	for us of He 21 is		220.1 certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did nat)	7/6/ 19	4 - 1	d that in (my) (aur) apinian de	, ta 7/6	19 8 1e and haur ond fram	, that (I) (we) last the causes stated
HOSPITAL OR ATTENDING PHYSICIA ined by the hospital or attending phe FUNERAL DIRECTOR: After this certify	State Dept.		22b. SIGNATURE	A	DuTP.LE	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F	ATE SIGNED
	old b		22d PHYSICIAN'S NAME (TYPE OR			345 Stames	Etm 8f ltys	TTS view Mis	020/82
₽P	₩ 3 ₹	23a E	BURIAL, CREMATION, REMOVAL SUCTIAL	23b. DATE . 23		EMETERY OR CREMATORY Wash.Cemetery	Adelphi, I	Pr. Georges	Co., MD
DHMH - 1	6 60M 7/84		UNERAL DIRECTOR			25a DAJE		256 REGISTRAR'S SIGN	NATURE
(VRA	15, 4)	JJ.	.Wm.Lee's Sons C	o.300-4th St.,	NE, Wash	1.,DC2000k	L 4U 198/	Julia Davidas	n. Pandage

Harry H Witzke 4112 Old Columbia Pike Ellicott

(VRA 15, 4)

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STATE OF MARYLAND

and a become Vind avoid distribute 5550 members and and

STATE OF MARYLAND - STATE REGISTRAR 1 DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) QUE DEATH MATED DATE OF BIRTH AGE UN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 00 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED County Zone Cana1 United States WIDOWED DIVORCED HOSPITAL NURSING HOME, OR OTHER INSTITUTION Greentree Bibliographer griculture Bethesda | 13d, INSIDE CITY LIMITS? | 13e\_STREET ADDRESS | 6206 Greentree Road/20817 Montgomery Bethesda Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Lipscomb Brooks Gladys Kaldenbock 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS DIVISION Yes, NO, OR UNKNOWN) 578-12-5389 Claudia S. Lipscomb, same as 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) USED AS A BUTTA TEAN SIT PER OF HEALTH AND MENTAL HYGIEN PIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which renioscienoc gave rise to immediate couse (a) stating the underlying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOXX CATE, WRITING THE WORL FORWARDED TO THE CH OR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC ) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAGAFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge at the remains described obave, held on Autopsy Inspection death resulted fram: Undetermined manner LITLE (SPECIFY ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Cheltenham, Maryland Vet. Cem. Maryland 07/84 BP <sup>24</sup> FUNERAL DIRECTOR Obert Berhesda-Chevy 7557 Wisconsin Funeral Home 150 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M **DHMH - 17** (VR A15 ME (5)) Ave. Bethesda, MD 20814



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO TIDEST ASED NAME 20 DATE OF DEATH MONTH 25 HOUR YPE OF PRINT! Hsiana 1003 5 DATE OF BIRTH & AGE IIN YEARS LAST BIRTHDAYS MONTH Male Oriental December 1918 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED China Montgomery DIVORCED [ WIDOWED CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville. SUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Gaithersburg 622 Poplarwood Place 20877 Maruland Montaomeru 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Unknown Unknown ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Carl C. Liu/son same as 13 215-76-0420 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) minute IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF 4 hours emorihane Subarachnoi Conditions, if ony, which gove rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC ) 220 1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 221. DATE SIGNED ATTENDING 2empenn PHYSICIAN DIRECTOR PHYSICIAN 274. PHYSICIAN'S NAME LITTE OF PRINT Medical Center Drive Gaithersburg. MD Benjamin Frishberg 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Silver Spring Montgomery MD July 17, 1987 Gate of Heaven Burial

DHMH - 16 60M 7/84

should be deto

Francis J. Collins Jr. 500 University Blvd. W Silver Spring. MD 20901 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REGID BY REGISTRAR 350 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

PRANCIS GASCH'S SONS FUNERAL HOME, P. ALIST ANTERES 4739 Baltimore Ave., Hyattsville, Maryland

23a. BURIAL, CREMATION, REMOVAL

Buria!

July 8, 1987 Ft. Lincoln Cemetery Brentwood, P.G., Maryland

23c NAME OF CEMETERY OR CREMATORY

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 0751 on IF UNDER I YEAR 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR MONTH 2 7a. BIRTHPLACE L CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED NEVER MARRIED Viet Nam County WIDOWED DIVORCED [ Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Self-Employed Food Service GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 20410 Meadow Pond Place/20879 Garthersburg MD YES X NO 4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME not available not available 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 586-18-5624 Qui Ly. (wife) see#13 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), PART I. DEATH WAS CAUSED BY: CARDIO-PULMONARY ARRECT IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF SEVERE Chronic obstructive pulmorary diseas Conditions, if any, which gave rise to immediate couse (a), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION Diabetes. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from any the deceased glive on July 7 Feb 19.86 sow the deceased alive on July 7 and that in (my) (our) apinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED July 15,1987 DIRECTOR PHYSICIAN MPORTANT 76 New Hamphore AV ON T. CHIEU 23a BURIAL, CREMATION, REMOVAL 236 DATE 23E. NAME OF CEMETERY OR CREMATOR (SPECTY) emation July 18,1987 Metropolitan Crematory Alexandria Rockville, Inc. 300 W. Montgomery Av., Rockville, Maryland 20850 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR DHMH - 16 60M 7/B4 (VRA 15, 4)

The sale of the form of the

JUL I G 1887 June Milano Bellera

23b. DATE

7-9-1987

(VRA 15, 4)

(SPECH Burial DHMH - 16 60M 7/84 uneral Home

23a. BURIAL, CREMATION, REMOVAL

1 - STATE

REGISTRAR

Gate of Heaven

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D BY REGISTRAR 251 REGISTRAR SSIGNATURE

Silver Spring

REG. NO

26 HOUR

K IF UNDER TYEAR

Bacchi LAST

YES [

COUNTY

22c. DATE SIGNED

Montgomery Md.

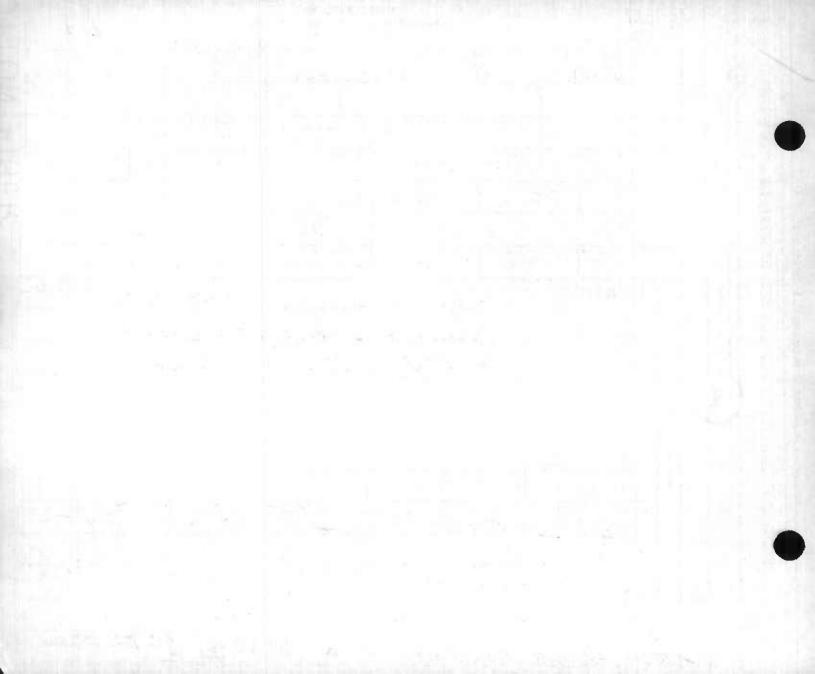
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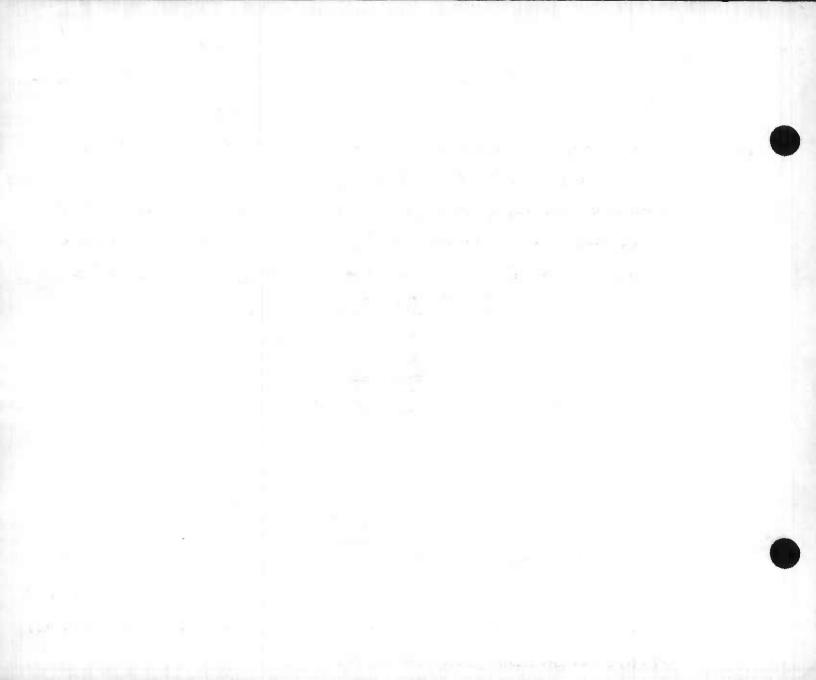
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IF UNDER 24 HRS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2n DATE OF DEATH MONTH 26 HOUR DECEASED NAME 210 TYPE OR PRINTI acuk IF LINDER 1 YEAR IE LINDER 21 HRS 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX YEAR 03 YRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED'S 12h WIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RESTAURANT CO-OWNER USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 2081 7200 MARION MONTGOMERU 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE ESPER MIDDLE ANNA ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION mas 280 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that (1) this haspital) attended the deceased from\_ and that in (my) (our) pointan death accurred on the date and hour and from the causes stated saw the decreased alive on 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT THE PHT SICIAM'S NAME (TYPE OF PRINT) 22e ADDRESS ould be 236 NAME OF CEMETERY OR CREMATORY 23b. DATE 23g. BURIAL CREMATION, REMOVAL CREMATION CITY OR TOWN CREMATORY 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 FUNDRAL HOME

(VRA 15, 4)



STATE OF MARYLAND

THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

Burrier. Jr. Sykesville. Md.

23b. DATE

23a. BURIAL CREMATION REMOVAL

Cremation

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE AUG 0 5 1987

Baltimore

Security Process

Md.

COUNTY

2b. HOUR

Gingell

YEARS

NO [

STATE

9:55 DM

IF UNDER 24 HRS

The sales of the s

STATE OF MARYLAND

STATE OF MARYLAND LIYPE OR PRINT DEATH MATED DATE PRONOUNCED DEAD BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA WIDOWEDXX DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION President Chamberlin & Sheraton Street 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / 2722 Sheraton Street 20906 YES NO 15. MOTHER'S MAIDEN NAME MIDDLE Mann Ida Lively Mae ADDRESS8228 Brady Street IAL SOCIAL SECURITY NO. daughter Carolyn Gallagher/Alexandria. VA 22309 1943-1945 578-14-8407 ues CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19e. DATE OF QUERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 710. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion Natural causes death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M SIGNATURE EXAMINER'S NAME John S. Rogers. M.D. ADDRESS 1919 Seminary Road Silver Spring, Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY July31, 1987 Fort Lincoln Brentwood Prince Georges MD 07/84 BP 25M 74. FUNERAL DIRECTOR Francis J. Collins. Jr. **DHMH - 17** (VR A15 ME (5)) 500 University Blvd. W Silver Spring. MD 20901

irector, page 3 ours ofter death:

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REG. I	VO. 1	2	0	1	3	
OF	DEATH	MONTH		DAY	VEAD	125 1401	-

	2 8	TEGISTRAR				CERTIFICATE OF DEATH B REG. NO. 2 U 7 3 6				
•	DE	CEASED NAME	FIRST	N	AIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR	
	(TIPE	/ / /	a	Mae		Mai	nue/	7/18	3/87 1845 M	
	3. SE)	X		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
	Fe	male		Caucasian		May 27, 1897		90 YRS.	MONTHS DAYS HOURS MIN.	
0	7a. BI	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
3		rginia		U.S.A.		WIDOW		Montgomery	MD.	
4		ITY OR TOWN OF DEA	TH			IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR	
	Та	koma Park	/	Washin	gton Adv	entis	t Hospital	(TYPE OF WORK FOR MOST OF WORKING LIF		
		AL RESIDENCE (IF NURS	ING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		
100		ryland			Bladens		YES K NO	4214 53rd Avenu		
100	14. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA			
1	Jai	mes		WIDDLE	Swart	Z	Frances	WIDDLE	Racer	
7		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT 7108	Greenvale Pkwy.	, Hyattsville,	
6	No	YES, NO OR UNKNOWN)		578-20-				Shamleffer, Md. 20784		
7		18 CAUSE OF DEATI	H (Enter or	nly one cause per	bre far (a), (b) an	d (c1.)		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH W	AS CAUSE	TE CAUSE (a)	andel	2/09	piratory	Hrrest		
			MANCOIA		A CONSTOUR	NCE OF				
		Conditions, if any, which (b) Congestive Heart Failure								
. 1		gave rise to immediate								
		cause (a), stoting the underlying cause last. DUE TO, OR ANA CONSEQUENCE OF Renal Failure								
н		PART 2 OTHER SIGN	JIEICANT	CONDITIONS CO	NTPIRITING TO I	DEATH BUT		INAL DISEASE OR CONDITION GIV	EN IN PART 110	
	Z C	I ANT OTTEN STOTE	THE CALL	contributor co	741110011140101	SEATTI BOT	THO RELATED TO THE TERM	MINAL DISEASE ON CONDITION ON	EIT IIT ANT TIG	
2	CERTIFICATION	19a DATE OF OPERAT	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED		
/	IFIC	NA				NI	A	YES NO NO YE	YING CAUSES OF DEATH?	
-	ERT	21g. ACCIDENT WAS UND	DERLYING T	7 21b. TIME OI	F INJURY	, , ,	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P		
1		OR CONTRIBUTING	AUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR				
	MEDICAL	21d INJURY OCCUR		R) P.A		19	21f LOCATION			
	ME	WHILE NOT WHILE			EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE	
	10	AT WORK AT WOR	RK —			1	10 0-	7/10	87	
		220.1 certify that (1) (this haspital) attended the deceased from								
		abave, (1) (w			aller death.			dediti accurred dit mie date drid kau		
		THE SIGNAL STAFF							22c. DATE SIGNED	
		1961 IN IDEAN OF PHYSICIAN DIRECTOR PHYSICIAN D								
		224 PHYSICIAN'S NA	ME ITHE	0			22e. ADDRESS Neu	U Hampshik	e , que	
		Charle	es	Beme	er, m	10.	Silve	r Jering,	MX.	
	230 B	BURIAL, CREMATION,	REMOVAL				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
		irial			-		ncoln Cemeter	y Brentwood, P	.G., Maryland	
								E REC'D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE	
	47	39 Baltimoi	re Av	re., Hya	ttsville,	Mary	land   ,	1 44 1987 Galla	Narden-Kindner	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR ECEASED NAME 20 DATE KNOWN 7h HOUR OF ESTI-DEATH MATED 6 AGE (IN YEARS 3. SEX IF LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED DEAD Za BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Mexico Mexico WIDOWED DIVORCED MONTGOMBIC 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 129 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY BETHESDA Artist USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS mb BETHESDA 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST deMontante Heladio Robledo Margaret Edgar ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Alice Bertuccelli-Walls 7912 Radnor Road Bethesda, Maryland 20817 (Neice) 206-36-2588 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY INFARCTION ACUTT IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g DATE OF OPERATION 20 AUTOPSY? YES [ NO [ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211-LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) AT WORK AT WORK EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STANDORE, MARYLAND, 22a I certify that I took charge of the remains described above, held on and in my opinion death resulted from Vatural causes Homicide Undetermined monner TITLE (SPECIFY EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY of Heaven Cemetery STATE Gate Silver Burial Spring 07/84 BP Maryland 25M 250. DATE REC'D. BY 24. FUNERAL DIRECTO Chevy Chase, Inc. Home/ **DHMH - 17** (VR A15 ME (5)) 7557 Wisconsin Avenue Bethesda. Maryland

STATE OF MARYLAND

1 - 5 - 87

DANZANSKY-GOLDBERG MEMORIAL CHAPELS

1170 ROCKVILLE PK. ROCKVILLE MD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 231 NAME OF CEMETERY OR CREMATORY STATE MT. HEBRON CEM. NEW YORK 250 DATE REC'D. BY REGISTRAR 258 REGISTRAR'S SIGNATURE

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IF UNDER

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FRIEDMAN

YES [

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12b. KIND OF BUSINESS OR

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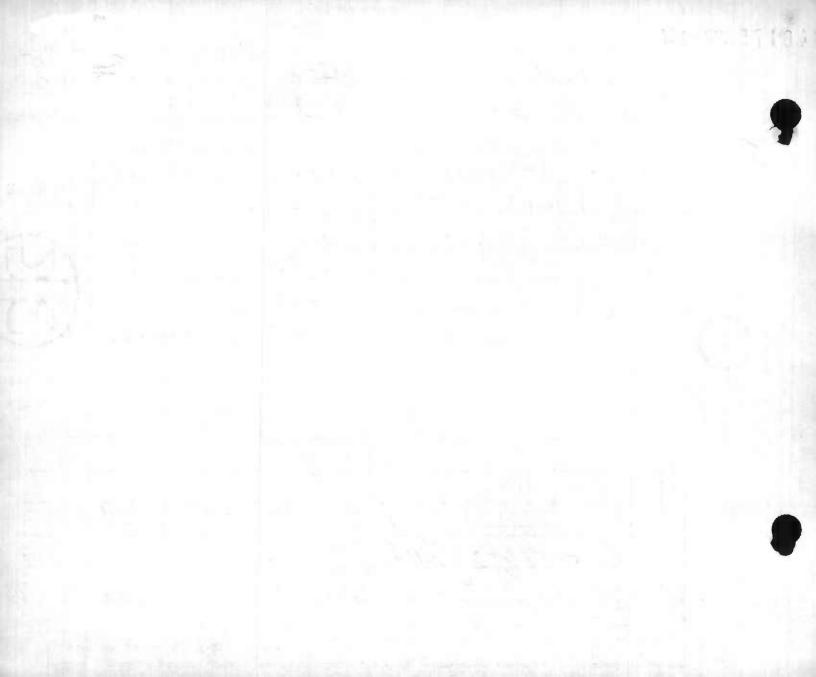
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DHMH - 16 60M 7/B4

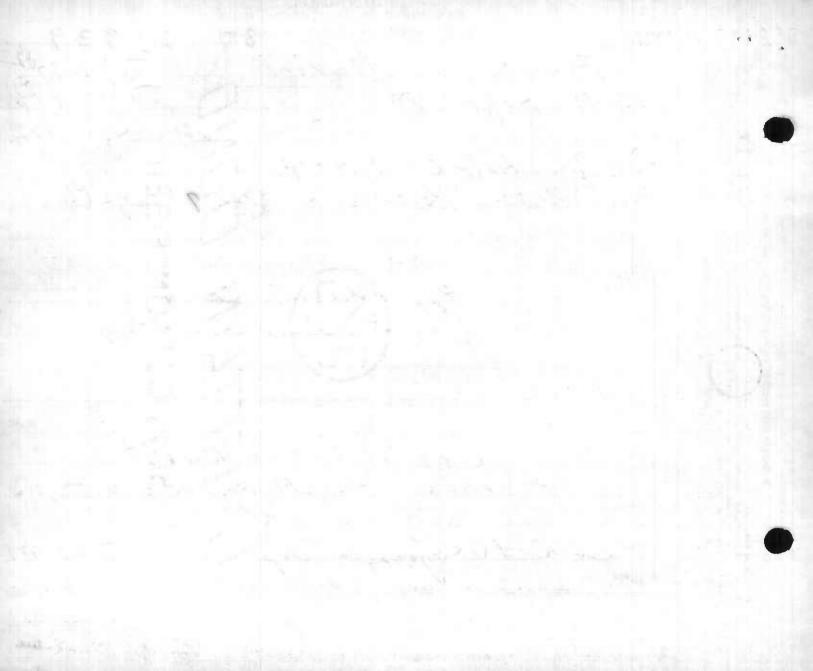
230 BURIAL CREMATION

SPECBURIAL

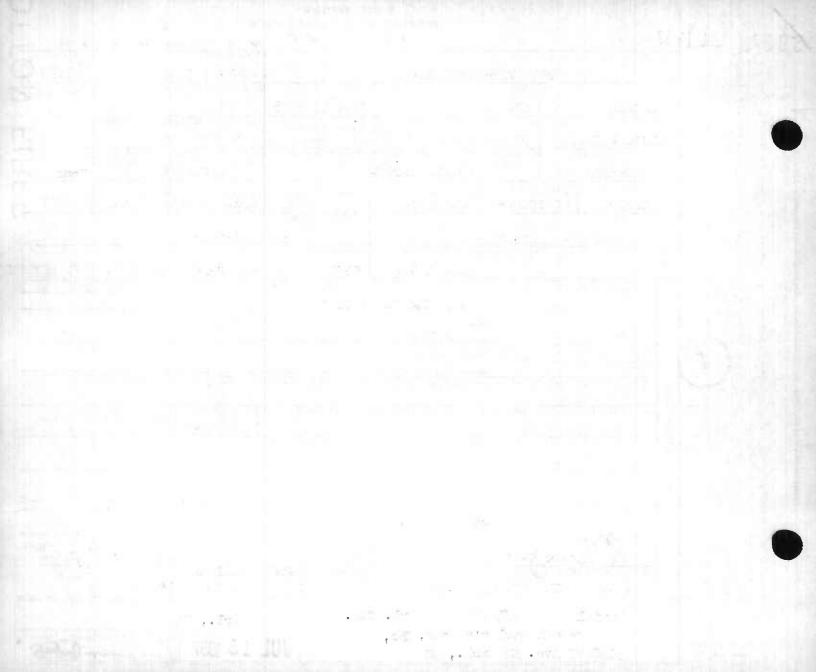
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ! . REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED 6 AGE (IN YEARS DATE OF BIRTH DATE LAST BIRTHDAY RONOUNCED DEAD 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY) Italy DIVORCED TOWN OF DEATH Shoemaker 20853 13e STREET ADDRESS 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7 INFORMANT ADDRESS WW II 557-18-8452 Catherine Marini Wife Same as 13 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise ta immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 216. TIME OF INJURY CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PARTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian Suicide K death resulted fram: Natural causes Accident TITLE (SPECIFY) ADDRESS 1919 Seminary Road Silver Spring. Md. 230, BURIAL, CREMATION, REMOVAL 236 DATE July 6, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md. Burial 07/84 24 FUNERAL DIRECTOR Francis J. Collins, Jr. 25M **DHMH - 17** 500 University Blvd. W. Silver Spring, Md. 20901 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH PE OR PRINT -16-87 nildre 4 RACE 5 DATE OF BIRTH YEAR fauc. Female 0 9 7h CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Montgomery County, Pennsylvania WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Suburban Hospital Co-Owner (Business) Memorial Park Bethesda 130 STREET ADDRESS / ZIP CODE 6904 Nevis Road (20817) Bethesda Maryland Montgamery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Reba MIDDLE Feinberg Morrow Max Md. 20817 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWN Norman Marlowe; Husband; 6904 Nevis Road; Beth. 201-03-2634 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (a), stating the DUF TO OR AS A CONSEQUENCE OF underlying couse lost. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 118 PART 2. OTHER SIGNIFICANT COND CERTIFICATION WAS BERFORMED the DATE OF OPERAT THE CONDITION FOR WINE H OPERATION The AUTOPSY 186. IF YES, WERE SINDINGS LISED USES OF DEATH? 216 TIME OF INJURY HOUR A.M. MEDICAL 711 LOCATION 21s PLACE OF INJURY City Of \$20kHy SEATE ADMISTIO opinion death accurred on the date and hour and from the causes stated ATTENDING STAFF PHYSICIAN 22e ADDRESS GEOR GETOUR GOLDSTEIN 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Rockville; Montgomery; Md. STAT 7/19/87 Parklawn Cemetery Burial 24 FUNERAL DIRECTORDANZANSKY-GOLDBERG MEMORIAL CHPLS., LNG DATE REC'D, BY REGISTRAR 256 REGISTRAR S SIGNATURE DHMH - 16 60M 7/84 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



W.W. CHAMBERS CO., INC. 8655 GEORGIA AVE.

(VRA 15. 4)

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	t		EALTH AND MENTAL HYG	1 60	9 4 5							
$\boldsymbol{\Omega}$	9	4	MIDDLE		A61	REG. NO.	DAY YEAR 25 HOLID							
7		CEASED NAME EIRST	Helen T	hornton	AST McCallum	Za DATE OF DEATH MONTH	DAY YEAR 26 HOUR							
- 1		Helen I.	McCal	lum.		7 (	6 8/3 PM							
- 1	3. SEX		4 RACE	5. DATE C	)F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER LYEAR F UNDER 24 HRS							
Н		-image	white	MONTH	DAY YEAR		MONTHS DAYS HOURS MIN.							
		emale			13 13	14 · YRS								
71		RTHPLACE   STATE OF FOREIGN	16. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH							
		ash. D.C.	U.S. A	A. WIDOWE		Montgomery	MD.							
10/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL			12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR							
ΧI	0	ilver Spring	(IF NOT IN SUCH FACILITY, O	0	1 1 1	(TYPE OF WORK FOR MOST OF WORKING LI								
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-	14 FA	THER'S NAME	CAAL IZE	er Spring	15. MOTHER'S MAIDEN NA		The same of							
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		Robert		ornton	Mamie	400 400	Day							
,		AS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOC	IAL SECURITY NO.	17 INFORMANT	153° Atteri	dge Road							
71	{1			-05-3269	Canalum Sea	ccia, Lake Fores								
		No -			Carotyn Sca	CCIA, DAKE FOLES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
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		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION GIV	EN IN PART 110							
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-	CERTIFICATION	19g DATE OF OPERATION	19h CONDITION FO		M WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED							
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1	G	21a. ACCIDENT WAS UNDERLYING		NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 1	PART T OR PART 2)							
	AL	OR CONTRIBUTING CAUSE OF DE	AIH .	19										
/ 1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION									
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		saw the deceased alive an above, it) (we) (did) (did no	7-10-	19 7.01	nd that in (my) (our) opinion	death accurred on the date and hou	or and from the causes stated							
		22b. SIGNATURE	or view the body offer dee	in	DEGRAE		221 DATE SIGNED							
1			A lumb	11	ATTENDING .	MEDICAL STAFF	1 87							
		( un	1	a l	PHYSICIAN [	DIRECTOR   PHYSICIAN	7-11-01							
7		224 PHYSICIAN'S NAME (TYPE	DR PRINT)	/	22e ADDRESS	0 45 \ 0	-1 1							
		KICHARIS .	L GOBEN		2101 MED	1 CAL DK-DR.	SIL-SDG MAN							
-	22 -	THE COUNTY OF THE PERSON OF TH	Tan Dare	122. NAME OF C		23d LOCATION	, inc							
		SPECIFY)	23b. DATE	ZIC NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE							
	1	Burial/Transit	7/19/87	Memori	al Park Cemet	ery Skokie, Il	1.							
		INERAL DIRECTOR Joseph	Gawler's Sc			TE REC'D. BY REGISTRAR 256 REGIST								
	6.	130 Wisconsin A	wo Mid Wachtr	address D C	20016 JUL	2 7 1987	andally							
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STATE OF MARYLAND

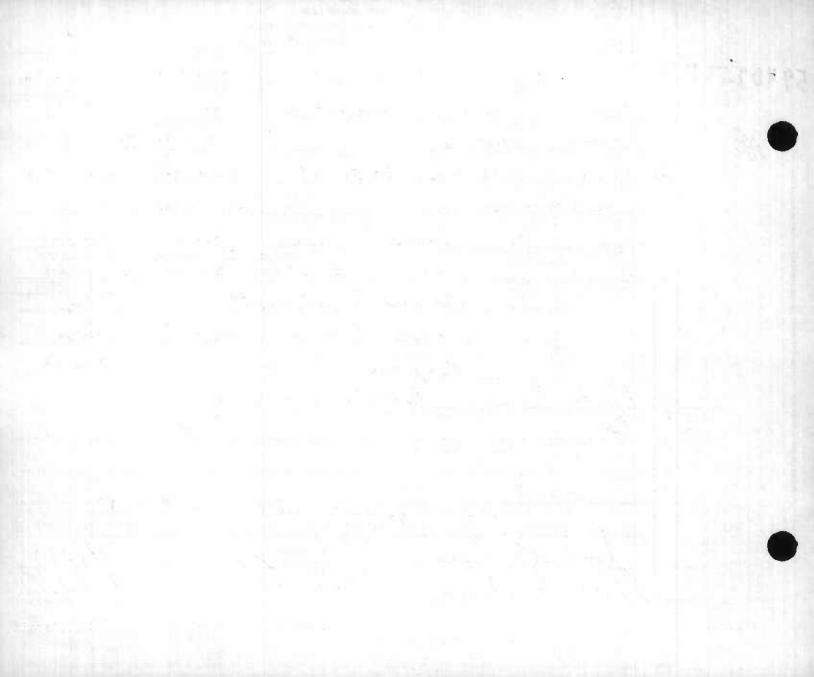
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a m = .		OR PRINT) HATY	J.	McDonne11	July 28, 1987	DAY YEAR 2b HOUR
poge poge	3. SE	,	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	7:40A A
e 4 r		Female	Caucasian	Oct. 16, 1894	92 yrs	MONTHS DAYS HOURS MIN.
one. Page	_ (	RTHPLACE (STATE OR FOREIGN COUNTRY)  nnsylvania	United State	RY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
by the fun	10. CI	ty or town of death  ckville	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES ROCKV111e	RSING HOME OR OTHER INSTITUTION IREET ADDRESS) NUTSING HOME	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING I Homemaker	12h KIND OF BUSINESS OR
135	13a S Ma	TATE 13b. CO	or other institution, give residence bunty 13c. city or tgomery Rocky	OWN 1134 INSIDE CITY LIMITS	627 Aster B1	vd/20850
1 1	E	Edward	E. Thompso	on Mary	J.	Carr
Pages Pages Pages		VAS DECEASED EVER IN U.S. A les, no or unknown) (16 yes, ( NO	SIVE WAR OR DATES)	2-3216 Mary Jane	e McGolrick, sa	
th certificate nding physic carbanpapel , ar removal.		PART I. DEATH WAS CAU	only one couse per line for (o), (b SED BY:  ATE CAUSE (o)  DUE TO, OR AS A CONSE	tory Jahre		APPROXIMATE INTERVAL BETWEEN OILSET AND DEATH
that the dead by the otte		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	, bouchits		Years
he law requires on. has been signe i permit. Then pl ene prior ta burn o@sony injury, c	CERTIFICATION	PART 2 OTHER SIGNIFICAN  COTON AL  190 DATE OF OPERATION	I diseve, peripl	TO DEATH BUT NOT RELATED TO THE TI	Serile desertion 200 AUTOPSY? 20b. IF YE IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \) NO \( \)
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G Ph orten ord ord ked	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION	CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or a RECTOR: Aft and for use or spt. of Health tem 21 is more		22a.1 certify that (I) (Has he saw the deceased alive a	on ottended the deceased from	~~ '	ion death occurred on the date and ha	, 19 <u>87</u> , that (I) (we) los ur and from the couses stated
t ep et		22b. SIGNATURE	ph		DIRECTOR PHYSICIAN	July 28,19
TO HOSPITAL Cretained by the TO FUNERAL Dishould be detected with the Stote DIMPORTANT: If			Cohen, M.D.	RUC	Congressional kville, Marylar	
BP	E	urial, cremation, remove ntombment	30, 1987	234 NAME OF CEMETERY OR CREMATOR Gate of Heaven	Silver Sprin	ig, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	3 0	neral director Robert Name Rocki O West Monte	rt A. Pumphrey 7111e, Inc. Pomery Ave. Ro	Funeral Home (50 ) ckville MD	DATE REC'D. BY REGISTED TO B. REGIS	IBAR'S DENNIUME. Roador

Maryland 20814

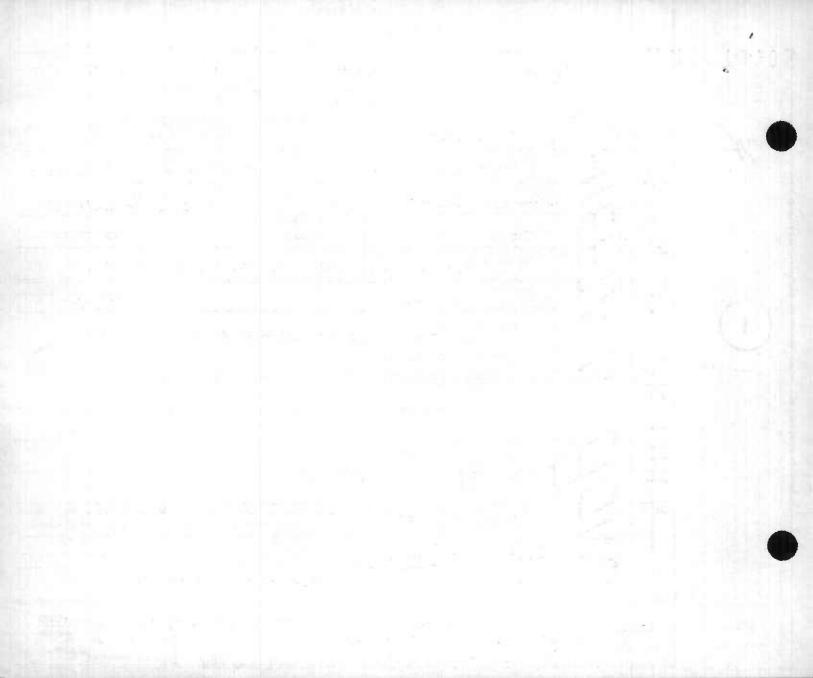
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DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2b HOUR 6 AGE (IN YEARS LAST BIRTHDAY) April 23,1890 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DNTGO MER DIVORCED [ WIDOWEDER 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Gifts/Jewelry 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Silver Sprind 13028 Tamarack Road (20904) 15. MOTHER'S MAIDEN NAME LAST MIDDLE ROSE (UNKNOWN) MEISNER ADDRESS ilver Spring, Md. 166. SOCIAL SECURITY NO 17 INFORMANT 068-03-7876 Milton Meisner: Son: 13028 Tamarack Road: HRONIC MANY YIFAR

ORRIS 4 RACE 3 SEX White Male TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? Poland U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hebrew Home of Greater Washington Business Owner Rockville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Montgomery Maryland 4. FATHER'S NAME FIRST MIDDLE MAX 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10: Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 27E SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS MONTROSE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL STATE (SPECIFY) Burial 7/19/87 Knollwood Park Cemetery; Brooklyn, New York

DHMH - 16 60M 7/B4 (VRA 15, 4)

ld b

24 FUNERAL DIRECTOR DANZANSKY-GOT DBERG MEM. CHAPELS, INC. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE ma planewon. Kondalle 1170 Rockville Pike; Rockville, Md. 20852

MARYLAND STATE DEPARTMENT OF HEALTH 061584 AUG 4 87 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR (Type or print) PANET Michelmore JULY 1020 PM Janet 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNGER 1 YEAR IF UNDER 24 HRS. May 27,1908 White Female 79 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED countryScotland U.S.A. Montgomery WIDOWED [7] DIVORCED [7 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.)

Home Maker give street oddress) Own Home Silver Spring Carriage Hill Nursing Home 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 5610 Marengo Rd. 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Montgomery YES NOT Rethesda physician and c 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last Middle David Hunter Jessie Steele gung 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) 134-34-1334-B removal Laurence Michelmore, Same as item 13 a b 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) EROFIE PORTAGERY OSCINEBRE OIS BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MONTHS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave \ rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been s os the 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health YES P Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year of (If either, natify medical examiner) P.M Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1907, a 19 / / to , and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 should should be filed with the 9 causes stated abave, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR NAME (Type) JERRY RELISON SNOW 22e. ADDRESS 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Burial July 30,1907 | Forrest Hill

24 FUNERA DIRECTOR

Joseph Gawler's Sons,5130 Wi-Ave-N.W., Wash.D.C. July 30,1987 Ann Arbor, Michigan 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

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STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-\$ 50K6-6 DATE LAST BIRTHOAY) White Kentucky U.S.A. MONTGOMER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION In USUAL OCCUPATION (TYPE OF WORK Retired WORKING LIFE)
Shop Owner Miller's Garage 20795 13d. INSIDE CHY LIMITS? 13e STREET ADDRESS MONTGOMET Hester George Thomas Miller, Sr. Zaidee Kearneysville, W. Va. 25430 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. YOUR DELINKHOWN 579-10-3465 JaneM. Tabb(daughter)Rt. 3Box268 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: INFARCTION Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 20 AUTOPSY? YES NO NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH COLLAPSED AT WORK 22a I certify that I took charge of the remains described above, held on Hamicide 7/22/87 Alexandria, Va. Cremation Metropolitan Crematory 24 FUNERAL DIRECTOS on Wheeler Funeral Home, Inc. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 1331 Rockville Pike, Rockville, Maryland 20852 (VR A15 ME (5))

1				STATE OF MARYLAND				
2110 0	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
	110	REGISTRAR		CERTIFICATE OF DEATH	REG. N	20 4 5 5		
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR		
fer de	(ITTE	Norma	an Harry	Millon	July 3, 1	987 8:55		
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS		
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4		shington, D.C.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		maku		
P	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON 12b. KIND OF BUSINESS C		
1	R	ckville	4503 Renn Str	reet address	Purchasing	Agent AFL-CIO		
8	USU		OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)				
and a dist			tgomery Rocky		130 STREET ADDRESS			
2	14. F/	ATHER'S NAME		15. MOTHER'S MAIDEN	NAME			
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0		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRI			
medicol		VES, NO OR UNKNOWN)   IF YES, C	TT ETT A	9-9197 Catherine	Millon Wi	/		
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ory,	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 110		
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or Hem	CA	(IF EITHER, NOTIFY MEDICAL EXAMIN	IER) P.M.	19				
d or Item	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TO	WN COUNTY STATE		
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E			pital) attended the deceased fro		77 10 5069			
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If the principal of the		771 SIGNATURE	- 1	DEGREE	,	22c. DATE SIGNED		
-		Mulle	J plane.	ATTENDIN PHYSICIAI				
IMPORTANT: If	1	22d PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS	A STATE OF THE STA			
MPORTANT		Richard P	Delaney, M.D.	4323 Hayar	d Street Sil	ver Spring, Md. 20		
<u>×</u>		BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OF CREMATO		ver spring, nd. 20.		
	22- 0		AL (30. DAIC	ASIL INMIE OF CEMETERT OR CREMATO	KI 1238. LOCATION			
	1	[SPECIFY]			CITY OR TOWN	COUNTY STATE		
_ (	E	Ispecievi Burial	July 6, 1987	Gate of Heaven Ceme		Spring Montgemery M		
M 4/83	# 24 FI	Burial UNERAL DIRECTOR Franc	July 6,1987 Wis J. Collinson			Spring Montgamery M		

7 36 55A 8/15 - 1-5-- A The state of the s 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH ASED NAME KNOWN 2a DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 3 SEX 4 RAC 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COMMTY OF DEATH NEVER MARRIED Maryland United States WIDOWED DE IO CITY OR TOWN OF DEATH HOSPITAL NURSING HOME OR OTHER INSTITUTION Homemaker Own Home BALTIMORE, MD. 21201 13a STATE 13c CITY OR TOWN Jermantown ( Senecal Road/20874 14 FATHER'S NAME LAST Lawrence Lowe Mary Selby Cora 166 SOCIAL SECURITY NO 17 INFORMANT Woodfield Ardelle Ratliff 217-36-7439 Damascus, MD no 18. CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (ATHOME. IL LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 31 AFTER DATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, FTC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my opinion death resulted from: Natural causes Hamicide Undetermined manner ACTUAL SIGNATURE 1919 Seminary Road John Silver Spring, Maryland 230 BURIAL, CREMATION, REMOVAL 236. DATE JULY 23d LOCATION Burial Forest Oak Cemetery Gaithersburg 07/B4 25M A. Pumphrey Funeral Home 150 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Rockville. (VR A15 ME (5))

STATE OF MARYLAND

BARAS III	1.				ST	ATE OF MARYLAND		
00093 300	21	STATE				HEALTH AND MENTAL HY	GIENE	
		REGISTRAR		1	CERI	IFICATE OF DEATH	REG. NO.	1 7 3 3
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4 92 16	/0.	BIRTHPLACE (STATE OR F	OREIGN 76. CITI	ZEN OF WHAT CO	OUNTRY? . MAR	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
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1 11 2		CITY OR TOWN OF DEA			L, NURSING HOM GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS
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5 5 ± 2 3 ₹	23a	BURIAL, CREMATION, I	1			CEMETERY OR CREMATORY	23d LOCATION	- COUNTY - STATE
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(VRA/15, 4)	1	170 Rockvil	lle Pike;	Rockvil	Lie, Md.	20852	- 41 0 1901 Julia	Devideon-Randons

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m= /	TYPE	ASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF	DEATH MON	TH DA	Y YEAR	26 HOURY
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2 60		RTHPLACE (STATE ORF	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARK	0150	9. BALTIMOR	E CITY OR CO		OF DEATH	
(b) /	Ne	ew York		United	States	WIDOWE		CED	Mont	anme.	P11	Co.	MD
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35	13a. S	al residence (if Nürsi State I <b>ryland</b>	136. COUN'	Y	Silver Spr	7	13d INSIDE CITY L YES K NO	LIMITS?	13e STREET A	DDRESS / ZIF Brunsw	code ick	Aver	1962
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medical	- (	VAS DECEASED EVER YES NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECUI		Diane M.	. Woo	lnough	ADDRESS 2 Curle	ey St.	. Long	11561 Beach, 1
pers. al.		18 CAUSE OF DEATH	H (Enter only	one couse per	line for (a), (b), and	lici.)						APPROX	MATE INTERVAL ONSET AND DEATH
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iene jene hews ony in	CERTIFICATION	19a DATE OF OPERAT			ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTO	PSY? 201	b. IF YES, CERTIFYI YES		NGS USED OF DEATH?
burial-transi Mental Hygi	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	P	M. MONTH DA	Y YEAR	21c. HOW INJURY	Y OCCURRI	D (ENTER NAT	URE OF INJURY IN	ITEM 18 PAR	T 1 OR PART 2)	
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of Heal		22a. I certify that (1) saw the decease above (1) Iwe) (d		100 1		7.01	d that in (my) (our)	9 Y) opinion d	, to eath accurred	on the date o	nd hour o		that (1) we) lost couses stated
be detached State Dept ANT: If Item		226. SIGNATURE	~/~	)uno-	fore "	10		NDING SICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN		22c. DATE	SIGNED
hauld b		ALAN 1	NE,	usto	ye m	0	10313	Georg	ia to	e Si	lu	a Spr	109 M

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

23b. DATE 7/16/87

23a BURIAL, CREMATION, REMOVAL

Cremation

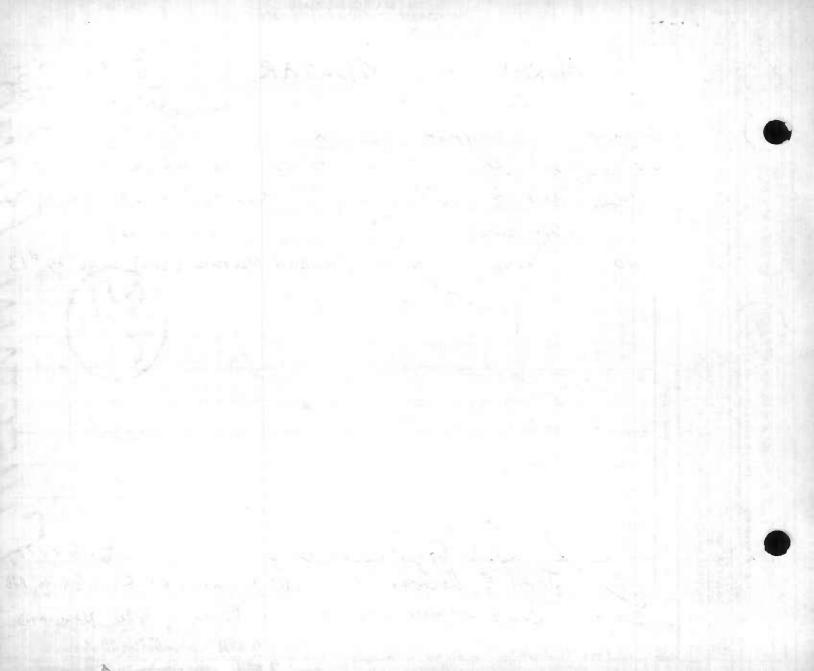
Alexandria, Virginia Metropolitan Crematory 250. DATE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE The state of the s

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all additions the second of th

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED 4 RACE DATE OF BIRTH 6. AGETINYEARS 3 SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTH 5 FOR YOUR PRONOUNCED DEAD YRS Th. CITIZEN OF WHAT COUNTRY To BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) GUYANA WIDOWED X DIVORCED OWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY UMEMAKE USUAL RESIDENCE (IF IN NUSSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13a. STATE 13 COUNTY 13c CHY OR TOWN T3d. INSIDE CITY LIMITS 2. YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME BURIAL - TRANSIT PERMIT, PAGES I AND AND MENTAL HYGIENE, DIVISION OF WIT VATION, OR REMOVAL. FIRST LAST FIRST 166 SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER (YES, NO. ORUNKNOWN) NONE NONE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 OF HEALTH CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO PT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (ATHOME. 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, FTC.) STREET CITY OF TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PATER DEATH, WITH THE STABALLINGRE, MARYLAND, 2 Inspection 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry ond in my opinion death resulted from: Natural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINEUS NAME OM IKARY **ADDRESS** 23a BURIAL, CREMATION REMOVAL 23b DATE 23c. NAME OF 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



60213 Jul	22	87ATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 20 0	1 5 6
nay be page 3 er death	(TYPE	Gilber	bert A.	MONCK MONCK Is date of Birth	20 DATE OF DEATH MONTH 7 6 AGE (IN YEARS LAST BIRTHDAY)	7 87 10:15 A M
Page 4 mi	3. SE	Male	White	June 1, 1902	85 YRS	MONTHS DAYS HOURS MIN.
oth. Pog 72 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY  USA		9 BALTIMORE CITY OR COUNT	
the fun	10 C	eleware ITY OR TOWN OF DEATH Cockville	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12h KIND OF BUSINESS OR
B	130.	STATE / 13b CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 134 INSIDE CITY LIMITS	? 13. STREET ADDRESS / ZIP COD 1117 Lancaster	Rd. 20912
ompletely I and 2 sh	X	ATHER'S NAME FREST George	P. Monck	15 MOTHER'S MAIDEN	MIDDLE	Cline
n and co Pages I		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES! 577-22-1		Monck, Tjamsvil	le. Md. 21754
The law requires that the death certificate be executed within a spans of the control of the con	7	PART I. DEATH WAS CAU	only ane cause per line for (b), (b), ose BY.  ATE CAUSE (a) COON  DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEQ  (c)	Cancer		APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
ne law requires to no hos been signed permit. Then ple ene prior to burner ows ony injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICAN RECURSENT 190 DATE OF OPERATION	Aspiration.	D DEATH BUT NOT RELATED TO THE TI	IN CERT	VEN IN PART I a  S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
HYSICIA TI Ting phy of the certify he then a show or from 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMINATION OF COURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART ?    (OUNTY STATE
ENDING ON HIT Freelings	*	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this ho sow the deceased alive	spital) attended the deceased from	Leb , 19	87_, to UUU 17	19 tho (1) (we) lost ou and from the couses stated
SPITAL OR ATT 4 by the hospi VERAL DIRECT be denoched for e Stote Dept. of TANT: If them 2	9	22b. SIGNATURE	w. Do	DEGREE ATTENDING PHYSICIAN	G . MEDICAL _ STAFF _	224 DATE SIGNED
TO HOSPITAL etoined by the TO FUNERAL should be deti with the Store		Rolph V. F	Bocciamo	270 ADDRESS	Physician's Ln. #	271 Rockvillem
BP	230	BURIAL, CREMATION, REMOV. Cremation	July 18,1987 23	NAME OF CEMETERY OR CREMATO Westview	Baltimore, M	7
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	Ofin L. Mole	sworth, P.A., Dan	mascus, Md.	DATE PECO. BY BEGISTRAR 155 REGIS	TRAR'S SIGNATURECE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN 2b. HOUR A TYPE OR PRINT ESTI-DEATH MATED 3. SEX 4 RACE IE ONDER 24 HRS 6. AGE (IN YEARS IF UNDER 1 YR DATE AST BIRTHDAY PRONOUNCED DEAD IS NECESSAR TO BIRTHPLACE (STATE OR 76 CITIZEN-OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Wash.D.C. USA -WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 76 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY US Govt Retired USUAL RESIDENCE 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Bernard Panella Anna Vita 166. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6500 Muncaster Mill RGSS Rockville, Md. (YES NO, OR UNKNOWN) N/A 220 44 1546 Cathy DiMeglio(Niece) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O SED AS A BURIAL -HEALTH AND MEI AL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] INER: THIS CERTIFICATE, INCATE, WRITING THE WO E FORWARDED TO THE C 21a EXPERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21E LOCATION EXECUTE THE CERTIFICATE. WRITHING TO FUNCTION BE FORWARDED TO FUNCTION BY A PRESENCE OF STATE DEFENCE OF STATE DEFENCE AND SATINORE, MARYLAND, 21201 FR AT WORK AT WOR STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Natural causes ccident Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** SIGNATUR 1919 Seminary Rd.S.S.Md. Dr. John Rogers MINER'S NAME OR PRINT ADDRES: 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 7/16/87 Burial St. Mary's Cemetery Washington, D.C. 07/84 BP. 25M 24 FUNERAL DIRECTOR **DHMH** - 17 Himes/Rinaldi 11800 New Hamp. Ave. S.S, Md (VR A15 ME (5))

STATE OF MARYLAND

executed within 24 hours after

page 3 er death

ipletely filled in by the funeral director and 2 should be filed within 72 hours of

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE 24 8 GISTRAR			DEPARTA		HEALTH AND MENTAL HYC FICATE OF DEATH	SIENE /	REG. NO	0	4 0	Ò
1 DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE O	FDEATH	MONTH	DAY YEAR	26. HOUR
(TYPE OR PRINT) He	1en	E. M	loorhous	e			Ju:	Ly 16	6,1987	3:40,
3 SEX		4. RACE		5. DATE	OF BIRTH	6 AGE (IN)	YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		Caucas	ian	May	18, CAY 1987	7	74	YRS	MONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OF			WHAT COUNTRY?		ED NEVER MARRIED				Y OF DEATH	
Pennsylvan		U.S		WIDOW	ED DIVORCED X		ontgom		Tal KIND C	MD.  OF BUSINESS OR
Rockville		Nation	al Luther	addressi n Hot			REFORMOST OF			Industry
USUAL RESIDENCE IF NUR 130. STATE Maryland	136 COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Rockvill	N	13d. INSIDE CITY LIMITS?	13e.STREET .			re/20850	)
14. FATHER'S NAME					15 MOTHER'S MAIDEN NA					
Samuel	,	K.	Jacobs		Sara		MIDGLE		Reed	51
160 WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS	need	Md.
NO	(IF YES GIVE	WAR OR GATES)	577-56-2	786	Nat. Lutherr	Home.	9701	Veir	e Dr R	
Canditions, if any gave rise to improve the couse (a), state underlying cause  PART 2. OTHER SIG	imediate ing the e last NIFICANT C	DUE TO, O  (c)  ONDITIONS CO		DEATH BUT	T NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTO		206 IF YE	/EN IN PART 10 S, WERE FINDIN FYING CAUSES	NGS USED
210. ACCIDENT WAS UN	NDERLYING T	216. TIME C	F INJURY		21c. HOW INJURY OCCUR	-	- band			NO L
		I H		YEAR						
(IF EITHER NOTIFY MED  21d INJURY OCCUR  WHILE NOT WAT WORK AT WORK	RRED	21e. PLACE	M, OF INJURY REET, FACTORY OFFICE, F	ARM ETC )	211. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
220. I certify that (I saw the decea abave, (I) (we) 22b. SIGNATURE	sed alive an.		19	MI		MEDICAL	STAF	te and had		
THE PHYSICAL SALE	LAS E.	1000	ey, will		22e ADDRESS 179	184 GE	DKG(1	TNO TWO	20837	
230 BURIAL, CREMATION (SPECIFY) Cremat		236. DATE 07/16,			elitan Crematory	ry Ale	xandr:		COUNTY Fairfax	
24 FUNERAL DIRECTOR			ACODRESS D	26 Fr	ont St. 250 DA	2 3 BY F	REGISTRAR	266. REGIST	ERAR S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, a

marked or Hea 18 shows any

MPORTANT: If Item 21 is

After this certificate has been

ATTENDING PHYSICIAN: The low ottending physician.

retained by the hospital TO FUNERAL DIRECTOR:

BP.

Norman J. Wimer Fun. Hm.

STATE OF MARYLAND

	1111		1 / / /			5	TATE OF MARYLAND				
196	JUL	BQ.	BTR TATE				OF HEALTH AND MENTAL HY	YGIENE	0 0	3 6	
	7771-		^ REGISTRAR	7.6		CER	TIFICATE OF DEATH	REG. N		, ,	•
es =			CEASED NAME	FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
poge	2	$\leq$		ustavo			Mora	July 25,			6:55 M
	1	3. SE	X	1	RACE		TE OF BIRTH ONTH DAY YEAR	6. AGE LIN YEARS LAST BI		UNDER I YEAR	HOURS MIN
3		-	Male		White		vember 11, 192		YRS		
2 7	610		RTHPLACE (STATE OR FI	OREIGN 7	b. CITIZEN OF WHAT CO	OUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
lin /	E.		Cuba		United Sta	ates WID	OWED DIVORCED	Montgomer		У	MD.
	201	10 C	TY OR TOWN OF DEA	тн 1	<ol> <li>NAME OF HOSPITA (IF NOT IN SUCH FACILITY.</li> </ol>		WE OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE)	126 KIND O	F BUSINESS OR
	(\$/C	1	Wheaton		1121 Unive			Payroll wo		Print	ing
	271	USU.	AL RESIDENCE (IF NURSI	ING HOME OF C	THER INSTITUTION GIVE RESID	Y OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE #	217	/ 2090:
	カク		aryland			eaton	YES NO X	1121 Unive			
-	8		ATHER'S NAME		IDDLE	LAST	15. MOTHER'S MAIDEN N	NAME			
puo	/0x7/	V	Gustavo	M		Mora	Dolores	WIDDLE	de la	Torre	
-	0		VAS DECEASED EVER		AED FORCES? 166 SO	CIAL SECURITY N		ADDR	ESS	10110	
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ers.	- P			H (Enter only	y ane cause per line fai i		A PAROELLA D.	MOTA,		APPROXI	IMATE INTERVAL ONSET AND DEATH
pope	event, 1		PART I. DEATH W	AS CAUSED	BY.	M	tinle Men	180MA		BCIWEENC	ms.
corban	Le ve		STATE OF THE STATE	IMMEDIATE	CAUSE (a)	1100	no pour	000			1
Pug 00	0,0		furnities in it		DUE TO, OR AS A C	ONSEQUENCE (	OF *			0	
offe	1001		Canditians, if ony, gave rise to imm		(b)						
se rem	e de		cause (o), stotin	g the	DUE TO, OR AS A C	ONSEQUENCE (	)F				
eose	ol, cr or oth		underlying couse	last.	(c)						
	njury, o	z	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH	BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 110	D
-	0 -	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITION FO	OR WHICH OPER.	ATION WAS PERFORMED	20g AUTOPSY?	20b IF YES, W	VERE FINDIN	NGS USED
perm	ws on	1 🖁						VEC TO NOTE	IN CERTIFYIN		OF DEATH?
	9 8	ERT	21a ACCIDENT WAS UND	ERLYING T	216 TIME OF INJURY	Y	1714 HOW IN JURY OCCI	JRRED (ENTER NATURE OF INJU			NO []
	1 18 m		OR CONTRIBUTING	AUSE OF DEAT	HOUR A.M. MC	ONTH DAY Y	AR	THE TENER WATER OF THE	KT BY ITEM TO TAKE	, Our But Ly	
urial-transit	or Her	MEDICAL	(IF EITHER NOTIFY MEDIC		P.M. 21e PLACE OF INJUI		19 IN LOCATION				
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	morked		AT WORK AT WOR	RK	101		A G	4	-	07	
	is is			and the state of the state of	oli attended the deceas	ed from	19-8	10_July 2			that (1) (we) last
for u	0 01			lid I did not	right the bady after dea	ally 17	and that in (my) (aur) apinia	in death accurred an the d	ate and haur or		
chec	Dept f Item		226. SIGNATURE	T	1/////		DEGREE	MEDICAL STA	Fr	22c. DATE	SIGNED
be detach	(L)		a later of the	111	Menny		ATTENDING PHYSICIAN	MEDICAL STA		July	27, 198
pe	TAN TAN	1	22d. PHYSICIAN'S NA	ME STYPE OR	PRINT)		22e ADDRESS 5	401 Western	7		
pold.	MPORTANT:		Frederic	ck P.	Smith		W	401 Western ashington, D	C 2001	5 NW	
Sh	IMPORTAN		BURIAL, CREMATION,		23b. DATE	23c. NAME	OF CEMETERY OR CREMATORY	y 23d LOCATION			
	1		(SPECIFY) Buria		7-28-87	1 2		Silver S		Marri	STATE
		24 F	UNERAL DIRECTOR =	ichen	d Rapp, Inc	i Gate 0	Heaven Cemetery	ATE REC'D. BY REGISTRAR			
	M 7/84	D	. O. Box 43	2252	Washingtor	ADDRESS		UL 29 1987	Julia Da		
15,	4)	L	. U. DUX 43	1776	Washington	1, DC 2	0010	01 43 301	Guera Wa	Mradel - 1	Coverage of

60026/JUL	21-			M	DEPART/	MENT OF	HEALTH		ENTAL HY		ens (5)	0		9
1		CEASED NAME DE OR PRINT)	Osboi		MIDDLE	EXAMIN		rgan	CATE	4	DATE KNOW OF EST DEATH MAT			YEAR 25 HOU!
PIERCION DIRECTOR DUR FILES TO HOUSE	1 580 M		4. RACE White	5. DATE OF BIRTI	1914		ARS IF UN		IF UNDER 2		DATE RONOUNCED DEAD	MONT 7	H DAY	YEAR 24 HOU 3:30
MECISSA S. FOR V. WITHIN	P	RTHPLACE (ST REIGN COUNTRY) ennsyl	vania	76. CITIZEN OF V	A.	TRY?	8 MARRIE WIDOW		VER MARRIE DIVORCEI	D 🔲	Montgom	-		
FLAY IS TO THE F PAGE BE FILED	1	Bethe	esda/	11. NAME OF HO (IF NOT IN SUCH Suburb	FACILITY, GIVE ST	pital		er institu	TION	FOR MC	LOCCUPATIO	N (TYPE OF WOI	RK 12b KIN	nd of Business R Industry g Store
F ANY D AND 3 RETAIN SHOULD RECORD SECOND	13a. S M	TATE arylan	1 /13b CO	ME OR OTHER INSTITUTION, UNITY Ederick	13c CITY	OR TOWN		YES X		1072	Redf	ield (	Ct.	21701
BALTIMORE, MO S AFTER DEATH GIVE PAGES TITH FOR IN PAGES T NIDS VISION OF VIDES		Osborn		MIDDLE	More			Eth		NAME	MIDDLE		Joi	nes
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OUTS 201 W PRESTON ST., EFER THE WID IN 24 HOU DIN THE PENTIL IN ITEM 18 HOUSE TRANSIT PERMIT THE MICHAELY	z	gave ris couse (a) lying cau	GNIFICANT CONDITIO	ich ate (b)		SEQUENCE	OF	OR CONDITIDI	N GIVEN IN PART	[ ] (a)		100		
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ISION OF ERTIFICATI ING THE VED TO	MEDICAL CE	UNDERLYING CONTRIBUTION 21d. INJURY C	OR CAUSE O	HOUR A. DF DEATH P. 21e PLACE	M. MONTH	19 (AT HOME,	21f. LOC		OCCURRED		TURE OF INJURY IN		COUNTY	STATE
TO MEDICAL EXAMINER: THIS CECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD AFFER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		22a I certif death resulte ACTUAL SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	NAME	orge of the remains do otural courses X	Agkident F. Shriy	th, M		Homic TITLE (S ASS:	istant 11	MEDIC	Inquiry	and in my DA		7/16/87
07/84 BP		Buria	1	1 23b DATE 18, July 28, 19	987	St.	Mary	s			over,	Luc	ounty erne	
DHMH - 17 (VR A15 ME (5))	R 6	OBERT 009 Ha	rford	renburg	SUNER Lto	AL HO	ME, 212	INC.	JUL	1.7 %	187 TAK	with provide	SSIGNATI	milada

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 BTATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH C. Montressa MIDDLE I. DECEASED NAME KNOWN DE 2a. DATE н. Moss (TYPE OR PRINT) ESTI-Montressa DEATH MATED DATE OF BIRTH 3. SEX 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HR DATE LAST BIRTHDAY PRONOUNCED MONTHS 30,087 DEAD Black 10 7b. CITIZEN OF WHAT To. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Ohio United States WIDOWED X DIVORCED Montgomery County IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Drug Store Proprietor FOR MOST OF WORKING LIFE) Pharmacist USUAL RESIDENC IF IN NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13e STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Silver Spring 13406 Tamarack Road Maryland Montgomery 14, FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST FIRST Louis Harding Marv L. Butler 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-05-0914 Mary M. Williams, Same as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF REMOVA Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL-T lying cause last. 8 AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? THIS CE.

SWARTING IN THIS AWARDED TO THE STAFE DEPARTMENT OF THE OFF ARTHONIO BE STAFE DEPARTMENT OF THE OFF AWARD AND YES NO F 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6 25 21e PLACE OF INJURY (AT HOME 211. LOCATION COUNTY WHILE WHILE AT WORK 20 EXECUTE THE CERTIFICATE.

PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
ATTENDEATH WITH THE 51/8
BAITINORE, MARYLAND, 27/2 22a. I certify that I taok charge of the remains described obave, held an Autopsy Inspection ond in my opinion death resulted from: Natural coures Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 1919 Seminary Road XAMINER'S NAME John S. Rogers, M. D. Silver Spring. 20910 TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 7-31-87 Metropolitan Crematory Cremation Alexandria, Virginia PATE REC'B. BY REGISTIVAR 25% REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 24 FUNERAL DIRECTOR Richard Rapp, Inc. (VR A15 ME (5)) P. O. Box 43352, Washington, DC 20010

IMH 16 60M 7/84

the the

23a BURIAL, CREMATION, REMOVAL 23b. DATE 22e ADDRESS NATIONAL INSTITUTES OF HEALTH, 9000 ROCKVILLE PIKE, BETHESDA, MD.

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION 7/13/87 METROPOLITAN CREMATORY ALEXANDRIA, VIRGINIA

20010

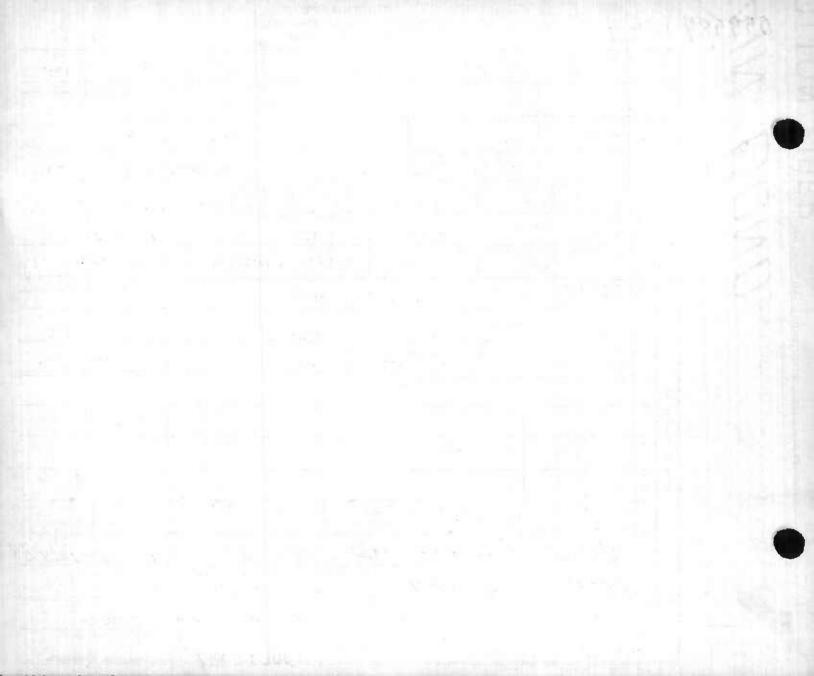
24 FUNERAL DIRECTOR RICHARD RAPP, INC. P.O. BOX 43352, WASHINGTON, D.C.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2h HOUR

YEARS

IF LINDER 24 HRS



ţ,	1	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE		
	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. N	209	0 3
.111 23	DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	-	EAR 26 HOUR
to .	i i ybe	OR PRINT) Edward	C	Moynihan	July 17. 1	067	12:01
9	3 SE		14 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI		
0110	3 36			MONTH DAY YEAR	1,000	MONTHS	BAYS HOURS M
	. N	ale	Caucasian	November 3, 1904		YRS PEA	***
5	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY	DR COUNTY OF DEA	in
30		ssachusetts	USA	WIDOWED DIVORCED	Montgome 120 USUAL OCCUPAT	ry	
100	J	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION T ADDRESS)	12a USUAL OCCUPAT	OF WORKING LIFE) INDU	IND OF BUSINESS
CA		thesda	9916 Derbyshire		Tax Specia	list IR	S
110		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	/ ZIP CODE	997
41	N	/A N/A	Vashingt		1007 Varn		N.F. 201
	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	,	
10 (D)		Michael	I. Mauni	han Florence	MIODLE 7	Ma	LAST
r 8	16a V	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166. SOCIAL SEC	1101711 110 112 1110 D11117	alatar ADDR	ESS 9916 Der	bushina
2	1	(IF YES, GI	VE WAR OR DATES)		ghter	ethesda. M	J page 17
-		0	1-578-07-		<u> </u>	ernesaa, M	PPROXIMATE INTERVAL
7		18 CAUSE OF DEATH (Enter o	nly ane couse per line for (a), (b), a	nd (c).1		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEA
4 4 4 5		PART I. DEATH WAS CAUS	ED BY:	- to some at Transland			
<b>库福酮</b>	100	IMMEDIA	TE CAUSE (a) Adenocar	cinoma of Esophagu	\$		
<b>外照</b> 除云			DUE TO, OR AS A CONSEQU	IENICE OF			
3		6 100 11	DUE TO, OR AS A CONSECU	DENCE OF			
0 4 6		Conditions, if any, which	(b)				
1115	- 1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOL	IENICE OF			
+ 0 €		underlying cause lost.	DUE TO, OR AS A CONSECU	DENCE OF			
0 10			(c)				
L F	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CON	IDITION GIVEN IN PA	ART IIo
or to	CERTIFICATION		۹,		In autonova	Table IE VEC LUEDE E	This is a second
E do	1 5	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	USES OF DEATH?
ene ows	/ E	THE STATE OF THE S			YES NO	YES 🗌	NO 🗌
Hygi 18 sh	H H	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART I ORPA	RT 2)
HIGH	2	OR CONTRIBUTING CAUSE OF OF		DAY YEAR			
tern	OA	(IF EITHER NOTIFY MEDICAL EXAMINE		19	7.90 A. C.		
	5	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TO	OWN COUN	
o No	H		(AT HOME STREET, FACTORY, OFFICE,				ATA IS STATE
ond M	MEDICAL	WHILE NOT WHILE		FARM, ETC.)	CITY OR IT		STAT
th ond M	MEG	AT WORK — AT WORK	400	FARM, ETC.)	7 1.	7 07	
vse as the but featth and M	ME	220.1 certify that (I) (INCOLVE)	(KI) ottended the deceased from	March 23 1987	to July 1	19_87	, that (1) (we
for use as the bure of Reotth and M	ME	220.1 certify that (I) (this has)	19/19/17	March 23 1987	to July 1	19_87 dote and hour and fro	, that (1) (we
ed for use as the bu pt. of Heolth and M pm 21 is marked or	MED	22a.1 certify that (I) (IXXXX) saw the deceased alive or abave, (I) (we) (did) (did n		March 23 , 1987 87 , and that in (my) (aur) apinia	to July 1		, that (1) (we m the causes state
oched for use as the bu Dept. of Health and M if Item 21 is marked or	ME	220.1 certify that (I) (this has)	19/19/17	March 23 1987  37 , and that in (my) (aur) apinial DEGREE	to July 13	22c.	, that (1) (we m the causes state DATE SIGNED
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State Dept. of Health and ANT: If Item 21 is marked in	ME	22a.1 certify that (I) (IXXXX) saw the deceased alive or abave, (I) (we) (did) (did n	District Sistem	March 23 1987  37 and that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	, to JULY 1 n death accurred on the o	AFF CIAN    22c.	—, that (1) (we) m the causes stated DATE SIGNED  LLY 17,19
State Dept. of Health and ANT: If Item 21 is marked in	MEE	220.1 certify that (1) (1) (1) (1) (1) (2) saw the deceased alive or above, (1) (we) (did) (did n 22b. SIGNATURE	ot) view the body after deoth.	March 23 1987  37 and that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	, to JULY 1 n death accurred on the o	AFF CIAN    22c.	—, that (1) (we) m the causes stated DATE SIGNED  LLY 17,19
be detoched for use as the State Dept, of Mealth and ANT: If Item 21 is marked on		220-1 certify that (1) (18/26) saw the deceased alive or above, (1) (we) (did) (did n) 22b. SIGNATURE  AZE PHYSICIAN'S NAME (1996  Junette Gibb	on July 17  ot) view the body after deoth.  OR PRINT)  ONS, M.D.	March 23	MEDICAL STADIRECTOR PHYSI	AFF CIAN    22c.	—, that (1) (we) m the causes stated DATE SIGNED  LLY 17,19
be detached for use as the State Dept. of Health and IANT: If Item 21 is marked		220.1 certify that (1) (18/34) square the deceased olive or above, (1) (we) (did) (did n) 226. SIGNATURE  AZO, PHYSICIAN'S NAME (1YPE  JUNETTE GIBB  BURIAL, CREMATION, REMOVA	OR PRINT!  ONS, M.D.  192  236. DATE  236.	March 23 , 1987  BY , and that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN  122 ADDRESS  1140 Varnum  NAME OF CEMETERY OR CREMATORY	MEDICAL STADIRECTOR PHYSI  Street, N.E  23d. LOCATION	NFF CIAN □   Je . Washingt	that (I) (we) m the causes stated DATE SIGNED wly 17,19
se detached for use as the State Dept. of Mealth and ANT: If Item 21 is marked of	230 1	220.1 certify that (1) (18/34)  sqw the deceased alive or above, (1) (we) (did) (did n)  226. SIGNATURE  AZO, PHYSICIAN'S NAME (1YPE  JUNETTE GIBB  BURIAL, CREMATION, REMOVA  SEC(FE)	OR PRINT)  ONS, M.D.  123b. DATE  July 20.1987	March 23 , 1987  BY , and that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN  122 ADDRESS  1140 Varnum  NAME OF CEMETERY OR CREMATORY  Bate of Heaven	MEDICAL STADIRECTOR PHYSI  Street, N.E  23d. LOCATION	AFF CIAN    22c.	that (1) (we) m the causes stated DATE SIGNED wly 17,19 ton, D.C.2
should be detached for use as the with the State Dept. of Health and MPORTANT: If Item 21 is marked	230 1	220.1 certify that (1) (18/34)  sqw the deceased alive or above, (1) (we) (did) (did n)  226. SIGNATURE  AZO, PHYSICIAN'S NAME (1YPE  JUNETTE GIBB  BURIAL, CREMATION, REMOVA  SEC(FE)	OR PRINT)  ONS, M.D.  123b. DATE  July 20.1987	March 23 , 1987  BY , and that in (my) (aur) apinion  DEGREE  ATTENDING PHYSICIAN  122 ADDRESS  1140 Varnum  NAME OF CEMETERY OR CREMATORY  Bate of Heaven	MEDICAL STADIRECTOR PHYSI  Street, N.E  23d. LOCATION	Neff Inclian □ Incline Inclide Incline Incline Incline Incline Incline Incline Incline Inclid	that (1) (we) m the causes stated parte SIGNED uly 17,19 ton, D.C.2 gomery Ma
should be detached for use as the with the State Dept. of Realth and with the State Dept. of Realth and I is morked in the manual state of the man	23a E	220.1 certify that (1) (MXXX)  saw the deceased alive or above, (1) (we) (did) (did not	OR PRINT)  ONS, M.D.  123b. DATE  July 20,198  is J. Collins	March 23  37  and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN  22e ADDRESS 1140 Varnum NAME OF CEMETERY OR CREMATORY Gate of Heaven  17.  25e. D.	to July 1  n death accurred on the complex of the physical physic	Less Properties 1221.  Washingt  Wring Montg	that (I) (we)  m the causes stated  DATE SIGNED  LULY 17,19  Con, D. C. 2  GOMERY Ma
ERAL DIRECTOR. After the detached for use as the State Dept. of Health and ANT: If Item 21 is marked.	23a E	220.1 certify that (1) (MXXX)  saw the deceased alive or above, (1) (we) (did) (did not	OR PRINT)  ONS, M.D.  123b. DATE  July 20.1987	March 23  37  and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN  22e ADDRESS 1140 Varnum NAME OF CEMETERY OR CREMATORY Gate of Heaven  17.  25e. D.	to July 1  n death accurred on the complex of the physical physic	Less Properties 1221.  Washingt  Wring Montg	that (1) (we m the causes state DATE SIGNED LLY 17,19 ton, D.C.2

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74888

Table 17, 1983

	STATE	OF M	ARYL	AND
ADTMENT	OF HE	ALTH	AALD	BREAL

Δ.	MATATE			DEPARIM		EALTH AND MENT		ENE					
7	B EGISTRAR				CERTIF	ICATE OF DEAT	H	8 /	REG. N	2 0	7	0	0
	CEASED NAME	FIRST	,	MIDDLE	ı	AST		20. DATE O	FDEATH	MONTH	DAY	YEAR 2b	HOUR
	Th	codo	ore.	F.	M	OZEE			,	7-10	3-1	987	1:47 R.
, SE	X		RACE		5. DATE C			& AGE (IN	YEARS LAST BIF	THDAY)	IF UNDER		UNDER 24 HRS
	MALE		BLACK		JUNI	E 13, 19	30	57	100	YRS	MONTHS	DAYS H	DURS MIN.
	HTHPLACE INTATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARR	IED 🗆	9 BALTIMO	ORE CITY C	R COUNT	Y OF DEA	ATH	
	IRGINIA		U.S.A		WIDOWE		_	-P	.G. /	MOL	VT		MD.
	AKOMA PAR	100		H FACILITY, GIVE STREET A		IST HOSP		120 USUAL (TYPE OF WO	RK FOR MOST	OF WORKING L	FE) INDL	CIND OF BUSTRY	USINESS OR
USU	AL RESIDENCE (IF NURS	ING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							27	7700
	ARYLAND	13b COUNTY	M.	HYATTSV		YES NO		703	CHIL	/ ZIP COD LUM I	ξD.	#201	103
4. F	ATHER'S NAME	MID	DIE	LAST		15. MOTHER'S MAI	DEN NAA	ΛE	WIDDLE				
J(	YNNHC	1110		MOZEE		ELIZAB	ETH		MIDDLE		JOH	INSON	I
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECUR	RITY NO.	17 INFORMANT			ADDR	ESS		WAS	H. D.(
	NO	N/A		577-38-7	7084	JOYCE M	OZEI	= 181	3 FR	EDER:	ICK	PL.	S.E.
	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediate g the	DUE TO, OI	R AS A CONSEQUE	Mul	hopulmi	yclor	na	8	ládu	ie	h	`
7	PART 2 OTHER SIGN	VIFICANT COM	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEAS	E OR CON	DITION GIV	VEN IN P	ART IIO	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	)	200 AUT	OPSY?	IN CERTI		FINDINGS AUSES OF	
MEDICAL CER	210, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEATH	21b. TIME O HOUR A.I P.I	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCURR	ED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART I OR P	ART 2)	
MED	21d. INJURY OCCURR		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, FA	RM ETC )	211. LOCATION STREET			CITY OR TO	NWN	cou	NTY	STATE
	AT WORK AT WOR	ite L			-	100	21		TI	1, 11	1 1	0	
										1 4 1 4	Y-	7	
	22a.1 certify that (I) sow the decease	d olive on	) nee	deceosed from 19 5	), on	nd that in (my) (our)	opinion d	, to leoth occurr	ed on the d	ate and had	19.0 ur ond fro	-	t (I) (we) lost ses stated
	sow the deceose		) nee	1 10 19 5	0/	DEGREE	IDING 1	MEDICAL		FF		-	ses stated

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 7-17-87

234 NAME OF CEMETERY OR CREMATORY HARMONY MEMORY PK

23d. LOCATION LANDOVER

COUNTY STATE

24 FUNERAL DIRECTOR

KENNEDY STATE REC WASH. D.C. 1111 JOHNSON & JENKINS FH INC. N.W.

DHMH - 16 60M 7/84 (VRA 15, 4)

1887-14-2 JUL

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH PEGISTRAR REG. NQ. LAST SED NAME 2a. DATE OF DEATH FIRST ATTRE OR PRINTI VINCENT MULLIGAN 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Ta. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED NewTork USA Montgomery WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORKING LIEE Washington Adventist Hospital Takoma Park USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 130 STREET ADDRESS 1 8 COSE. Montgomery 136 SIIVer Spring INSIDE CITY LIMITS? 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Mulligan Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Pages 109-03-4812 Frances Mulligan-wife-(same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ö emation, Conditions, if ony, which gove rise to immediate couse (a), stating S A CONSEQUENCE underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOP and Mentol Hygie 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION morked or CITY OF TOWN (AT HOME, STREET, EACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the decrosed alive on 33 above. (1) (\*\*e) (did) (did not) view the body after death and that in (my) سما opinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL Is shauld be deta with the State [

24 FUNERAL DIRECTOR

22d PHYSICIAN'S

(SPECIBurial

23a. BURIAL, CREMATION, REMOVAL

11800 N.H. Ave., Hines/Rinaldi Funeral Home Sil. Spr. Md.

7-7-87

Cate of Heaven

22e ADDRESS 5

ATTENDING

PHYSICIAN

STATE OF MARYLAND

MEDICAL

22c. DATE SIGNED

NO [

26 HOUR

126 KIND OF BUSINESS OR INDUSTR'US GOVT.

SpringwagdoDr.

IF LINDER 21 HRS

03

IF LINDER LYEAR

McKeever

Silver Spring Montgomery STAMd.

YES [

COUNTY

DIRECTOR | PHYSICIAN

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

0603

	ST	ATE	OF	M	ARYL	AND
DEPARTMENT	10	HE	AL	TH	AND	MEN

	NINIE OF III	MILLEMILE	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	DTIELCATI	E OF DEATH	279

1	FOR - STATE - STEELSTRAR		DEPART		HEALTH AND MENTAL HYG	BIENE REG. N	.2 0	4	<b>5 6</b>
UL 4	CLASED NAME FIRST		MIDDLE	Ditt	LAST	20. DATE OF DEATH	MONTH DA		2b. HOUR
411	Lec	ne W	illiams	MU	LLINIX	July :	19, 198	37	4:00A ,
1.5	EX.	4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
-	Female	Whi	te		ly 6, 1905	82	YRS	JAVS DAVS	MOOKS MIN
74.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	477
	Maryland		JSA	WIDOW	DIVORCED	Montgo			MD
) 10.	Damas as	11. NAME OF	HOSPITAL, NURSING HEACILITY, GIVE STREET Grace	ADDRESS)  Ct.	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi		126 KIND O INDUSTRY	OF BUSINESS OR
130	UAL RESIDENCE (IF NURSING HOME STATE 136 CO aryland Mont		13c. CITY OR TOW  Damascus	/N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 26809 Gra	ZIP CODE	20872	2
A IL	FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE			
	Downey	Monroe	Williams		Frances		eth	Bolto	on
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES?			17 INFORMANT	ADDRI	ESS	1,50	S. 1. 14
	No		214-48-	8728	Barbara M.	Grigg,	Item	13	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS						1 3 3	BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDI	ATE CAUSE (a)	DENTRIOU	LAR F	1851MBAION			1	O MINUTE
			OR AS A CONSEOU	ENCE OF	DUCALE				LANDS
	Conditions, if ony, which gave rise to immediate	(b)	17 OHAWIC	HENST	DIJEME			10	Cichin
	cause (a), stating the underlying cause last.	DUE TO, (c)	DRAS A CONSEQUI	SUCE OF				100	
1,	PART 2 OTHER SIGNIFICAN	_		DEATH BUT	NOT RELATED TO THE TERM			N IN PART 11	0
CATION	KENBY (IN	UPPICIFIC	17 .	MILA	LIBRIMATION.	- 10 10	WEBITH		
1 PICA	190 DATE OF OPERATION	196 CONE	OFFION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
4	at according to the control of the c		OF INJURY		Tab. How bulling occurs	YES NO	YES		NO 🗌
BF - 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	- 1,0,00	A.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	RI I OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIP		OF INJURY	19	21f LOCATION				
WEL	WHILE I NOT WHILE I		TREET, FACTORY OFFICE	FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
	AT WORK			12	11/ 102	7 7	1	7.20	
	220 I certify that (I) (this has saw the deceased alive	111	19 8	710	nd that in (my) (our) opinion	death occurred on the d	ate and haur	and from the	rouses stated
	abave, (1) (ye) (did) (did 22b SIGNATUH	nat) view the bad	y after death.		DEGREE			22c DATE	
	1 May 1	/				MEDICAL STA	FF		20,1987
#	22d PHYSICIAN'S N	CO PRINTI			PHYSICIAN 1	DIRECTOR   PHYSIC	CIAN	loury	20,1901
/		. 1	416			Constant Del	De aler	77.	(2
-	CRE 60 1910	KOH	MD	14445 25	15225 Shady		MOCKV)	rite' l	Id.
230	BURIAL, CREMATION, REMOVA				T Change To The Company	23d LOCATION	- Mari	COUNTY	STATE
-	Burial	July	22,1987	Mt	Lebanon	Damascu			
24	Olin I. Molest	ronth P	A DADDRESS	on e		TE REC'D. BY REGISTRAR			Pandage

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requires that the signed by the

PHYSICIAN: The low

TO HOSPITAL OR ATTENDING retained by the haspital or att

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page 3

ottending physicion and completely filled in by the fi deoth certificate be executed within 24 hours ofter

corbanpapers. Pages 1

IMPORTANT: If them 21 is marked on Item 8 shows any injury, or other troumatic event, the medical

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur TO FUNERAL DIRECTOR: After this certificate has been

## STATE OF MARYLAND

OTATE OF MINICIPALITY										
	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN				

1		FOR		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE			
		STATE REGISTRAR			CERTIF	ICATE OF DEATH	B / REG. N	5 0 4	5	7
		CEASED NAME FIRST	M	HOOLE	i.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT) JOH	N	_	Mu	ISUMECI	7.4.8	7 July 4.	1987	830 AM
	3. SEX	(	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS	IF UNDER 24 HRS
-		Male	White		May	19 1916	71	YRS.	DATS	MIN.
ı		RTHPLACE (STATE OR FOREIGN		VHAT GOUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	ATH	
M		achusetts		SA	WIDOWE	D DIVORCED		tgomery		MD.
		ty or town of death akoma Park				ist Hospital	(TYPE OF WORK FOR MOST C Ret. Super	F WORKING LIFE! IND	DUSTRY	uction
pril)		AL RESIDENCE (IF NURSING HOME CO	gomery	GIVE RESIDENCE BEFORE	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
2			.gomery	STIVEL P	obi ing	YESXX NO []	13e.STREET ADDRESS 10759 Kinl	och Rd.	209	003
h	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
j	S	Salvatore		Musun		Josephin			Cons	solo
	N/A	VAS DECEASED EVER IN U.S. A AES, NO OR UNKNOWN) (IF YES, A	RMED FORCES?	579-12-6		(same as				
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQUENT AS A CONSEQUEN	JENCE OF	Drscase L	FOMACH browl Infara iver, 457h	Lock L L L DITION ONEN IN	PART 110	
_	ATIO	HCULE U	rebral	TION FOR WHICH	HOPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	FEINDIN	GSTISED
1	CERTIFICATION	THE OF OTERATION	170. 001101	TIOTY OR TITLE	/	. The ten onnes	YES NO	IN CERTIFYING		
,		THE ACCEPTANT WAS INDESTRUCTED OF DOCUMENT OF D	216. TIME OF	M. MONTH	SAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	PART 2)	
	CA	(FEITHER, NOTEY MOTOR EXAMIN			19	/	<u></u>			
	MEDICAL	21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK	21e PLACE (	DE INTURY EET, FACTORY, OFFICE	, FARM, ETC }	21f LOCATION STREET	CITY OR TO	WN CC	YIMUC	STATE
		220.1 certify that (1) (this has	-	deceased from	(3)	1/6 19 6 9	, to	1.4 19.8	-/	hot (I) (we) lost
		saw the deceased alive a above, (1) (was (did) (dal-	n view the budy	ofter death.	, 01	nd that in (my) (our) opinion			from the d	ouses stated
		22b. SIGNATURE	K	106h	9_1	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN D	7	4.87
1		22d. PHYSICIAN'S NAME (TYPE	SHI	M.)		22e ADDRESS Wa		Iventist t	terps nd	٠ لو
	23a. B	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION		174	61.16
	(	SPEC Burial	July 8	, 1987	Gate o	f Heaven	Sifver			
	0.0 51	INTERNAL DIRECTOR				25 DAY	E DECIDAN DECICTOAD	ACL DECUETDADE	CICALATI	105

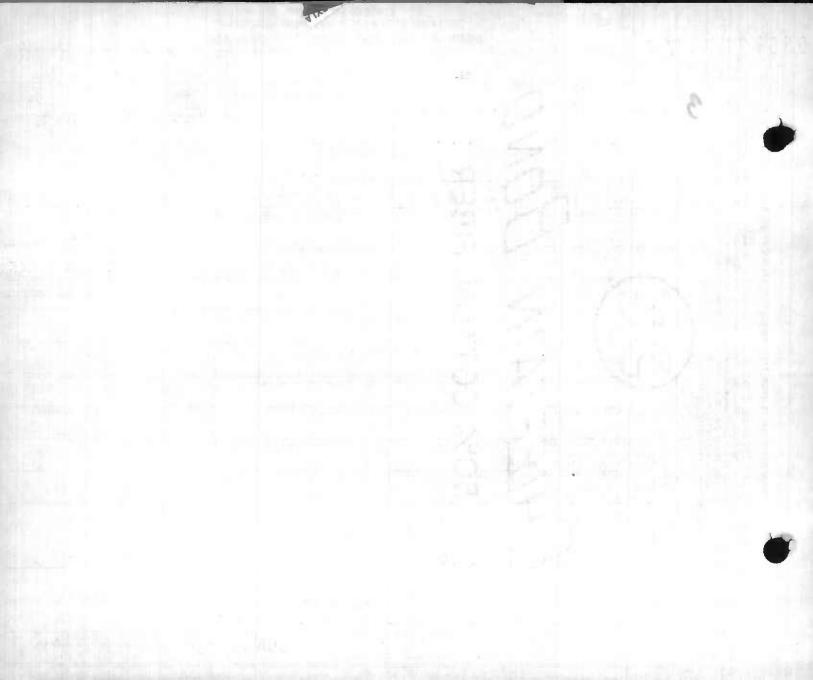
DHMH - 16 60M 7/B4 (VRA 15, 4)

Hines/Rinaldi Funeral Home Silver Spring, Md.

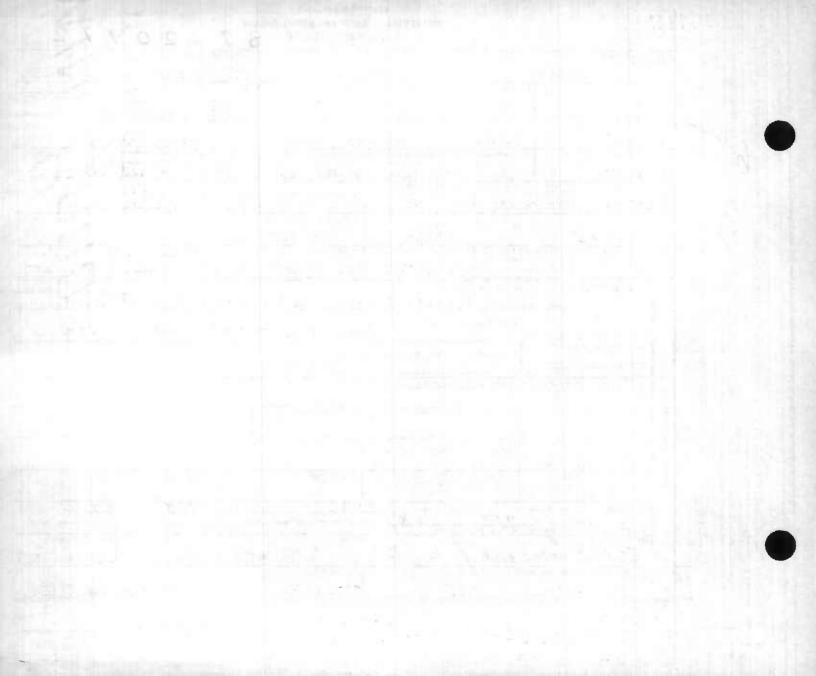
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1		1	tems, 18a.	. 21a	,	, ,	ATE OF		LIMBIELIE				
-0		1-	STATE Med. E)	( , / G	DJ.	DEPARTMENT O		AND MENTAL					
1561	2   Juli	7 1. DE	REGISTRAR 7/9	FIRST	WEI	MIDDLE	INEK 5	ERTIFICATE	OF DEATH	TE KNOWN	MONTH	/ 11	In vous
	w vo		PE OR PRINT)	Tradit Lb		-	NA vo	200		OF ESTI-	₹ 6-9	1987	26 HOUR
	PLEAS ECTOR FILES HOUR	3 SE	X 4 RA	Judith	S DATE OF BIRTH		MYE YEARS IF UN			ATE MATEU	MONTH	1907 DAY YEAR	M HOUR
4	IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED. WITHIN 72 HOURS I.M. PRESTON STREET,	F	EMALE WH	HITE	AUG. 12,	1937 LAST BIRT	HDAY) MONT	HS DAYS HOURS	MIN PRON	OUNCED DE AD	6-9	1987	4:00P
-	CESS OR OR Y	FC	IRTHPLACE (STATE OF		76. CITIZEN OF WH		8. MARR		RIED	LTIMORE CITY			
	NEW W		CONNECTICU			A. PITAL, NURSING HO	WIDOW			ontgome			MD
	A HONE	Vs	ilver Spri	ng	2859 Sch	cility, give street address 1001house	s) Circle		FOR MOST OF HOUSE	WORKING LIFET	PE OF WORK	OR INDUSTR AT HOM	RY
21201	AND 3 TO RETAIN RECORDS	1130. 5	AL RESIDENCE (IF IN P STATE MARY LAND	1136. COUNT		130. CITY OR TOWN	SPRINC	13d. INSIDE CITY LIMITS?	X 2859 S	CHOOL H	IOUSE C	IR. 209	02
8	A2.82.	14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	· · · · · · · · · · · · · · · · · · ·	MIDDLE		LAST	
SE,	ID BE EXECUTED WITHIN 24 HOUR PENDING" IN PENCIL IN 1TEM 18. MEDICAL EXAMINER ALONG W AS AB URBALL—TRANSIT PERMIT. FEATH AND MENTAL LYGERE, D ", CREMATION, OR REMOVAL.	1	WILFREI			GREENBLATT		MINNIE				WILLNER	
BALTIMORE, MD.		160	WAS DECEASED EVE VES. NO. OR UNKNOWN) NO	R IN U.S. ARA		049-28-		MICHAEL M	YERS 132	PATRIC	LUI	876) TEWKSBU	RY, CT.
RECORDS, 201 W. PRESTON ST.,		N.	Canditions, if gove rise to couse (a) statistically lying couse las	IMMEDIAT any, which immediate ag the <u>under-</u> t.	DUE TO, OR  (b)  DUE TO, OR  (c)	ultiple dr AS A CONSEQUENC AS A CONSEQUENC	E OF						
		A E	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?		
ITA	SHOUL ORD "I CHIEF FUSE URIAL	F	and the same		9							YES X	NO 🗆
DIVISION OF VITAL	ERTIFICATE VING THE VING TO THE SHOULD EPARTMEI	MEDICAL CE	210 EXTERNAL CAL UNDERLYING CONTRIBUTING 21d INJURY OCCU	OR Prim	21e PLACE C	6 9 19	AR B 7 S u 211. LO	bject tool	k drugs	OF INJURY IN ITEM 11	8 PART 1 OR PART	2)	STATE
٥	WAR AGE		WHILE AT WORK AT	WORK	home		285	9 Schoolh	ouse Cir	cle, Si	lver S		Montg.
•	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: , WITH THE S WARYLAND,		220. I certify the deoth resulted for ACTUAL SIGNATURE	111	e of the remains desc ol couser .	Accident .	Autop Suicide X	Homicide  TITLE (SPECIFY)  ASSIST	Undetermine	d monner .	DATE 6	-10-87	O., M
	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	2/	EXAMINER'S NAM	Char	les P. Ko	kes, M.D.	,	ADDRESS 111	Penn St				
07/84	1-1/1/		URIAL, CREMATION, EMOVAL - BUI	REMOVAL 2		23c NAME OF C	EMETERY C		23d LOCATIO		COUNTY		
25M	BP 077	24 F	UNERAL DIRECTOR	SOL I	EVINSON 8	BROS., INC		250. PAT	N 1 6 19	STRAR 251 REC	GISTRAR'9 SIC	NALIPRE das	-
	(VR A15 MF (5))		6010 REI			BALTO, MD 2		100	N 1 6 198	5/ But	an Antoroga	Art Courses	



9499 JUL 1					STAT	E OF MARYLAND				
10 10 10 10	1	FOR		DEPARTI		EALTH AND MENTAL H	YGIENE	0	7 0	
		REGISTRAR			CERTIF	ICATE OF DEATH	8 7 REG. N	209	12	
		CEASED NAME FIRST		MIDDLE LAST			20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR	
moy be poge 3		ARTHUR		NATHAN			July 8, 1	987	10:59Am	
	3. SE	×	4. RACE S. DATE (				6 AGE (IN YEARS LAST BI	RTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS	
ctor		/ale	White		Oct.		89 yrs.			
1249	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
1 / 2 / 2		w York	U.S.A.		WIDOWI	DIVORCED [		ery Count	ty, MD	
4 N + 1 X 1 X		TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)</li> </ol>				120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (179E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Salesman (Retired) Advertising			
201		ckville_	Shady	Shady Grove Adventist Hospital			Salesman (	Retired)	Advertising	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed. Thin 24 hours restricted physician and campion billion is been signed by the attending physician and campion billion is by as the buriol-transit permit. Then please remove cathen appear and 2 should be fit than Americal Hygeries prior to buriol, cremention in removal.		AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	13c. CITY OR TOW Bethesd	ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS 5607 McLea	/ ZIP CODE n Drive	(20814)	
71A	_	THER'S NAME	2			15. MOTHER'S MAIDEN	NAME			
MAR ad ad		Michael	MIDDLE	Nathan	1	Augusta			LAST	
ORE,		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT		F:; Bethe		
TIMO Popular		NO		083-07-9	958	Dr. Helene	N. Guttman;D	aughter;	5607 McLean	
BALI		IE CAUSE OF DEATH Enter of	nly one couse per	line for in this on	diets	/	10	0	APPROXIMATE POTEBUAL BETWEEN ONGET AND DEATH	
H. H. S.		PARTI DEATH WAS CAUSED BY. acute Card obulurany arest sudden								
N to the state of		DUE TO, OR AS A CONSEQUENCE OF								
deort deort		Conditions, if any, which	( ib)_		(6	troudy	may be	scalt	yeare	
H A SESSO		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF	1600 6			/	
that that d by eose of, cr		underlying cause lost	101_		- /	quen	ellera			
RDS, 201 W. equires that the signed by the please to the please the formula creating or other injury, or other contracts.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN	PART 1:0	
been mit. It prior to any in	CERTIFICATION	190. DATE OF OPERATION	18h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IE VES WED	E FINDINGS USED	
nos berm	FIC.	THE DATE OF OFERATION	178 COND	more rok winen	OFERATIO	THE WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?	
N: The Nysicion cote hransit g	ERT	7] a. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F IN IURY	_	121c HOW IN JURY OCC	URRED (ENTER NATURE OF INJU	YES	NO 🗌	
SICIAN: THe physicic certificate rial-transit entol Hygic entol Hy		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH D		The state of the s	OTTED (ENTER NATURE OF 1931	JAT IN TEM TO PART TO	u. wu. si	
SION OF VII	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCATION				
DING PH Or ottent After this e as the k alth and	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC }	STREET	CITY OR TO	OWN CC	OUNTY STATE	
DIVI ENDING tal or off OR: After rruse as th Health a		22a.1 certify that (I) (this hosp	oital) attended th	e deceased from_	19	53 , 19		8 , 19 0	7 . that (1) (we) lost	
2 2 2 2 3		sow the deceased alive a bove, (I) (we) (did) (did)	7/7	alter death	+7.00	nd that in (my) (our) opini	on death occurred on the c	late and hour and I	from the couses stoted	
OR ATT he hospin DIRECT ached fo Dept of		TAT SKINATURE	on view life body	1	_	DEGREE		2	2c. DATE SIGNED	
	/	Ceran Luciece & w. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN July 8, 198								
HOSPITAL ined by the FUNERAL WH BE GET THE STORE	Y	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS								
		ELBA J. MARTINEZ, M.D. 8808 Hidden Hill Lane; Potomac, Md. 20854								
O 5 0 3 3		URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION			
BP		remation	7/13/	0/		rematory	Washingt	on, D.C.	NTY STATE	
DHMH - 16 60M 7/84	24 FU	INERAL DIRECTORDANZAN	SKY-GOLI	DBERG MEM	ORTAL	CHAPELS 250. D	DATE REC'D. BY REGISTRAF	25 FREGISTRAR'S	SIGNATURE	
(VRA 15, 4)		.70 Rockville P					UL 1 3 1987	المارسوس معدد	My-Maylanes	



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR ASED NAME O DATE KNOWN X OF ESTI-29/10 87 Leonard Newman SEX 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. . DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED Black 19 87 Male DEAD 76 CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. DIVORCED Montgomery County, O. CITY OR TOWN OF DEATH Electrician Bethesda Suburban Hospital Company 136. COUNTY 13d INSIDE CITY LIMITS2 13. SIREET ADDRESS
10281 Long Hill CITY OR TOWN irginia Manassas YES X None 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frances Sprow unobtainable 17. INFORMANT 166 SOCIAL SECURITY NO Long (YES, NO, OR UNKNOWN) 226-86-0673 Denise Fields Newman, Manassas, Va. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Electrocution IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX. MONTH DAY YEAR UNDERLYING NOR subject came in contact with live wire CONTRIBUTING CAUSE OF DEATH 211. LOCATION WHILE AT WORK AT WORK building #41 at 9000 Rockville Pike, Bethesda, Montg. Co., Md. O MEDICAL EXAMINER: IN XECUTE THE CERTIFICATE. V AGE 4 SHOULD BE FORW. O FUNERAL DIRECTOR: PY FITE DEATH, WITH THE STA 220. I certify that I took charge at the remains described allows, held or Inspection Inquiry Undetermined manner ACTUAL 7/30/87 SIGNED EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial Aug. 2, 1987 Rose Hill Va. Manassas 24. FUNERAL PIRECTOR 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 8914 Quarry Rd. **DHMH - 17** Manassas Va. (VR A15 ME (5))

STATE OF MARYLAND

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Line Aren

62145 AUG DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH (TYPE OR PRINT) Dagwel 0 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 1900 January 8 Caucasian 70. BIRTHPLACE (STATE OR FOREIGH Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Georgia WIDOWED X DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION N OF DEATH 12b. KIND OF BUSINESS OR HYPE OF WORK FOR MOST OF WORKING LIFE homemaker 3n STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Montgomery Bethesda Maruland Mohican Road 20816 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE John Charlotte. Bagwell Venable. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IVES NO OR LINKNOWN (IF YES GIVE WAR OR DATES) same as 13 Virginia Jannotta/daughter no 341-28-9672 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21a. PLACE OF INJURY TH LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC NOT WHILE AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from sow the deceosed alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove 11 (we) (did) (did not) view he body attendenth DEGREE STAFF should be deto with the Stote [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Miama (SPECIFY) FLA Dade Southern Mem Park Cem Aug3, 1987

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Francis J. Collins Jr. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

500 University Blvd. W Silver Spring. MD 209

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

						KEG. 14	J.			
- 1		CEASED NAME FIRST	WIDDLE	U	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
	TTYPE	OR PRINT)		2	. 4		7 36	05	37	
- 4		1630	1	1/0/750	OCES	6 AGE (IN YEARS LAST BIR	7-29	UNDER I YEAR	IF UNDER 24 HRS	
	3. SE)	X 4.	RACE	5. DATE O		B AGE (INTEAKSTAST BIK		NTHS DAYS	HOURS MIN.	
	9	Emale.	1. White	8	- 8 - 15	71	YRS.			
0			. CITIZEN OF WHAT COUNTE	RY? 8.	-	9. BALTIMORE CITY O	R COUNTY O	FDEATH		
2	(	COUNTRY)	1 0	MARRIE	NEVER MARRIED	1-				
1		V1.7	45	WIDOWE		CONST	gome	124	MD.	
2	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE</li> </ol>		R OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST OF		12b. KIND OI INDUSTRY	F BUSINESS OR	
//	n	-41 == 0=	0	1 1	althCara					
-	USI I	AL RESIDENCE (IF NURSING HOME OR O	GROSUEIJO		alchedic	Housewi	е	Homen	laker	
1		STATE 136 COUNT			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE			
	N	Maryland Monto	omery Rocky	rille	YES NO	13318 Ke	ating	St. 2	20853	
-/	14. FA	THER'S NAME	71		15. MOTHER'S MAIDEN NA					
. /			IDDLE LAST		FIRST	WIDDLE		LAST		
	(	George (N	NMI) Dudle	<b>Y</b>	Ada			Brow	vn	
T		VAS DECEASED EVER IN U.S. ARM		ECURITY NO.	17. INFORMANT	ADDRE	SS			
-11	()	YES, NO OR UNKNOWN) (IF YES, GIVE )	war OR DATES) 214 28	1160	Dora N. Wa	kefield (	Olnev.	Md.		
.6	_	NO	E14 20	, 1100	DOLA N. WA	verrera (	Jiney,			
		18 CAUSE OF DEATH (Enter only	-			1		BETWEEN	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSED IMMEDIATE		rand	o Kespir	9 1010	alle	20	)	
		IMMEDIATE	CAUSE (U)		9	*				
			DUE TO, OR AS A CONSE	QUENCE OF	1	V V	2. 4 . 4			
		Canditions, if any, which	(b) Dile	tero	USRIM	2 10 0 V	214 Carm	2		
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF						
		underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF						
ı			(c)							
	-	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	1.	
	CERTIFICATION									
0	AT	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V			
4	F						IN CERTIFYIN	NG CAUSES		
_/	E				1	YES NO	YES [		ио 🗌	
1	Ü	210. ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
1	AL	OR CONTRIBUTING CAUSE OF DEATH	n l	19						
	2	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19	ZII LOCATION					
/	WEDICAL		(AT HOME STREET, FACTORY, OFFI	ICE, FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE	
	~	AT WORK NOT WHILE								
		220 I certify that (I) (this haspita	I) attended the deceased fra	m 7 -	1 1087	to 7-2	19	87	that (I) ( last	
		saw the deceased alive an_		C1 500	nd that in (my) ( apinian	death occurred on the d	ate and have a			
	1	above, (I) (was (did) (did ast)				GCOM OCCORNED ON THE G	are one noor o			
		226 SIGNATURE	****		DEGREE			22c. DATE	SIGNED	
		Doct -	2. 2. 2		ATTENDING	MEDICAL STA	FF TANK	7-2	29-87	
1		22d PHYSICIAN'S NAME (1905 OR	DENIET S		22e ADDRESS	DIRECTOR   THISIC		0	-	
/		220. FITTSICIAN STRAME (	, > 1					7	0	
		Shu	/auber		2518 M12G	A WISHOS	ro.	Be Th	osoker	
	23a. P	BURIAL, CREMATION, REMOVAL	23b. DATE 2	3E NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		SPECIFY)				CITY OR TOWN		COUNTY	STATE	
		Burial	8/1/1987 N	Mt. Zio	on Cemetery	Luray	Page		rginia	
	24 FU	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR	256 REGISTA	RS SIGNAL	RE	
	7	The Bradley Fu	uneral Home	Lura	ay, Va. AU	GO4198/	guina Da			
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DHMH - 16 50M 4/83 (VRA 15, 4)

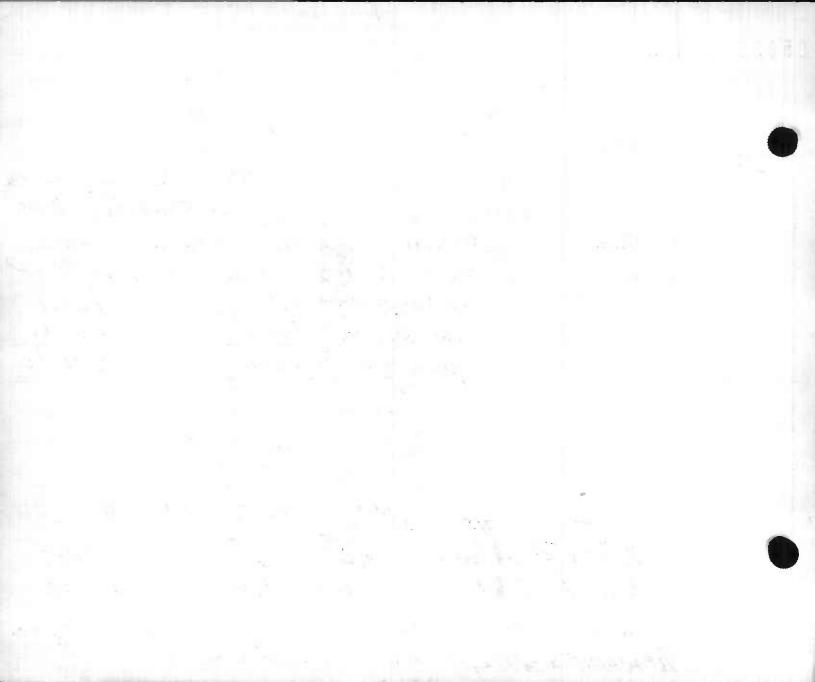
TO FUNERAL DIRECTOR:

→ STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1					OF MARYLAND				
9330	3	FOR STATE REGISTRAR		DEPART		CATE OF DEATH	GIENE 8 /	REG. NO.	0 9	/ 8
oy be oge 3 deoth		00.00	ary Ellen	MIDDLE	OCA	MOK	20 DATE OF C	9/C7	DAY YE	26 HOUR 205 4
4 moy or. pog	3. SE	(	4 RACE	1	5. DATE O	F BIRTH DAY_ YEAR	6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS (	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
direct hours		RTHPLACE (STATE OR FORE	IGN 76 CITIZEN	OF WHAT COUNTRY	5 8	- 19 - 15 □ NEVER MARRIED ■	9 BALTIMOR	E CITY OR COL	RS. JNTY OF DEAT	IH I
deorh frunero		VIRGINIA-	U II NAME	OF HOSPITAL NURSI	WIDOWE		120 USUAL O	1 1 1 1	ery	MD.
\$ 68	Sil	ver Spring	Holy (	SUCH FACILITY, GIVE STREET	(all	K OTTLEK #43THOTION		OR MOST OF WORK		
24 hou suld be must be	130. S	1 . 1	HOME OR OTHER INSTITUTE  LOUNTY  MONTGOMETA	134 CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET AL	00	Will P	20910
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Poges 1 on medicology		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)	U.S. ARMED FORCE IF YES, GIVE WAR OR DATE		URITY NO.	17 INFORMANT	30.1.	ODDRESS	90	to PITE
quires that the death certificate signed by the attending physic. Hen please remove Carbon above to burial, cremoving, arremoval, injury, or other traumatic event, the	NO	Conditions, if ony, w gave rise to immed cause (a), stating underlying couse	CAUSED BY.  MEDIATE CAUSE to  DUE TO  thich the the lost.  (c)	O, OR AS A CONSEQUED, OR AS A CO	ENCE OF V	heart faill  hypphor	ine ua minal disease	or condition	3	PPROGNANTE INTERVAL WEEN ONSET AND DEATH WEEN OWNER WEEN OF THE WEEN OWNER WEEN OF THE WEEN OWNER W
on.  hos been prior ene prior ws ony i	CERTIFICATION	19a DATE OF OPERATIO	N 196. CO	DINDITION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUTOP	SY? ZOB.	IF YES, WERE FI ERTIFYING CAI YES []	INDINGS USED USES OF DEATH?
PHYSICIAN: The anding physicic this certhicote buriol-tronsit and Mental Hygist dor Item 18 should be a should be		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR	AE OF INJURY R. A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN HE	M 18 PART 1 OR PAR	RT 2)
	MEDICAL	21d INJURY OCCURRED	LAT HOM	ACE OF INJURY SE STREET, FACTORY, OFFICE	FARM, ETC	211 LOCATION STREET	1,140	CITY OR TOWN	COUNT	TY STATE
0 0 0 E		22a. I certify that (1) (the	ns hospital) ottende	7/8 195	5/2 \$7	d that in (my) (aur) apinion	to	on the date on	19 47	that (I) (we) last
the hospitol the hospitol L DIRECTOR stoched for use to Dept of H		226 SIGNATURE	a d	wer je	N	PEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN [	12	DATE SIGNED
CO HOSPITA		Bruct	E (TYPE OR PRINT)	w		106 /W/19 87		jashingt		20010
PP	23a	BURIAL, CREMATION, REA	MOVAL 236 DATE	10.198-C	Restain	METERY OR CREMATORY	23d LOCAT		COUNTY	Vergenes
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	RMAL TIVITAL	low Service	11 250°C	nilla	NW DC ILLE	1 0 198	GISTRAR 256 RE	No.	GNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

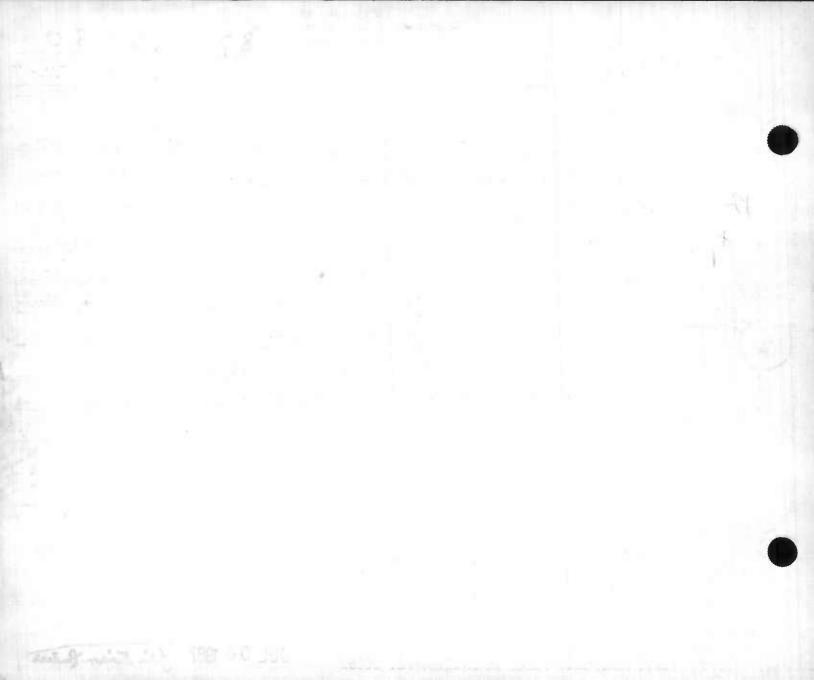
_	- 4	REG. NO	-	
1	1	REG. NO.	0	4

3 8	FOR STATE REGISTRAR	DEI		FICATE OF DEATH	IENE / REG. NO	20979	
I. DEQ	EASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOL	UR
(,,,,,	Gwendo	lyn Margaret	Offenl	bacher	7-18-87	4:0	12f
3. SEX		4. RACE	5. DATE (		6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS	
F	emale	Caucasian	08		57	YRS	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU		D NEVER MARRIED	, , , , , , , , , , , , , , , , , , , ,	OR COUNTY OF DEATH	
	Maine	United States	MIDOW			ry Country	
	ethesda	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SUBURBUR	E STREET ADDRESS	or other institution	Office Man	DE WORKING LIFET INDUSTRY	
USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY	E BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	00045	1-1-
1			v Chase	YES NO X		llev Blvd. Apt.	#4
	THER'S NAME	MIDDLE LA		15. MOTHER'S MAIDEN NA		LAFS	
		owell Dav		Muriel	MIDDLE	Hannah	
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRE	555117 South 11th	n S
No			42-3890	Wade Offenba		Arlington, VA 2	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o),	(b), ond (c).)			APPROXIMATE INTE BETWEEN ONSET AND	
		TE CAUSE (a)	wax	in price	merica	- 24 lu	1
		DUE TO, OR AS POON	SEQUENCE OF	/		1.	
	Conditions, if ony, which	( 16) Pyla	vuic	Sunase	9	1 year	<
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO CHA CON	ISEQUENCE OF	ancreeax	ifes	10 year	->
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	Ole K	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	DITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	ATH?
ERTI	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURI	YES NO	YES NO	
	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	THE HOW INJURY OCCUR	LE LENIER NATURE OF INJU	KT IN IIEM 18 PART I UKPARTZJ	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21s PLACE OF INJURY	19	211 LOCATION			
MEL	WHILE NOT WHILE	(AT HOME STREET, FACTORY,	OFFICE FARM ETC )	STREET	CITY OR TO	OWN COUNTY	STATE
	220.1 certify that (I) (this hosp	tal) attended the days (	t	1 84	180	C 10 87	1
	sew the deceased alive or	18 July		nd that in (my) (ow) opinion	death occurred on the d	ote and hour and from the couses st	tote
1	22b SIGNATURE	propose the body after digath.		DEGREE		224. DATE SIGNED	
	Heracece)	Downs	2	ATTENDING PHYSICIAN	MEDICAL STA	FF 2000 11 8	8
	Md. PHYSICIAN'S NAME (TYPE			22e ADDRESS	Dl. d C'	Chara MD	
	Horace Bern	ton				evy Chase, MD	
. 1	Horace Bern						
C	SURIAL, CREMATION, REMOVAL Pemation	07/20/87		litan Crematory	ry Alexand	ria county V	A

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

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MPORTANT: If Item 21 is morked or

TO FUNERAL DIRECTOR:

DHMH - 16 60M 7/8-(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

115	STATE REGISTRAR				CERTIF	ICATE OF DEATH	3 / REC	5. NO. 2	0 4	8 1	
	CEASED NAME	FIRST	,	WIDDLE		LAST	28 DATE OF DEAT	H MONTH	DAY YEAR	25 HOUR	
(	ON PRINTY	Ida	I	Η.	Oscod	la1	July 2	8, 198	7	2:45p A	
3 SEX			4. RACE	10. 35%	5. DATE (		6. AGE JIN YEARS LAS	T BIRTHDAY)	MONTHS DAYS		
	Female		Caucas	sian	Dece	mber 12,1903	83 <sub>YRS</sub>			HOURS MIN.	
	RTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE CIT				
	lungary		United	d States	WIDOWI		Mont	gomery	County	• M	
	TY OR TOWN OF DE	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120. USUAL OCCUI	PATION	125. KIND	OF BUSINESS OF	
J	Bethesda		(11 NOT 11 200			Hospital	Register			sing	
J5ÜA 30. S	L RESIDENCE HE NUE	136 COUN	OTHER INSTITUTION		E ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRE				
	aryland		gomery	Betheso		YES NO K	6501 Wil			217	
4 FA	THER'S NAME					15 MOTHER'S MAIDEN NA		MELL IV			
/DI	. John I.	Tama	MIDDLE S de Csa	aktornya		Helen J. V	lizkelety	de Viz		AST	
	AS DECEASED EVE	-		165 SOCIAL SECT	URITY NO.	17 INFORMANT	AL	DRESS	KCIEL		
{Y	ES, NO OR UNKNOWN)	JIF YES, GR	E WAR OR DATES)	213 44 5	99/	Marie H. Osc	odal dov.	n Com	0 00 #1	2	
		TM .F				marie n. osc	ouar-dekd	u sam		XIMATE INTERVAL N ONSET AND DEATH	
	18 CAUSE OF DEATH V	WAS CAUSE	D BY:			12			BETWEEN	- 4	
	IMMEDIATE CAUSE (0) PNEUMON (A									DAY	
			DUE TO, O	R AS A CONSEOU	-				/ n.	1	
	Conditions, if ony gove rise to im		(p)_	STRO	KE				610	LOW 17	
	couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF									14 , 00	
	Underlying couse lost.  (c) ARTERIOS LAST C CEPEBOVABC. DISEASE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									1 ENONCO	
NO	PART 2 OTHER SIG	SNIFICANT		JBITT		NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION (	SIVEN IN PART 1	110	
CERTIFICATION	19a. DATE OF OPERA	ATION	195 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FIND TIFYING CAUSE YES		
ERT	21a. ACCIDENT WAS UN	NDERLYING [	216. TIME O	F INJURY		21c. HOW INJURY OCCUR					
	OR CONTRIBUTING		NIT .	M. MONTH D			(22		,		
DICAL	(IF EITHER, NOTIFY MED 21d. INJURY OCCUP		P. PLACE (		19	21f LOCATION					
MEDI		VHILE [			DE INJURY  EET, FACTORY, OFFICE, FARM, ETC.)  21f LOCATION  STREET			CITY OR TOWN COUNTY			
	AT WORK AT WE	ORK -						-/-	0-5		
	220.1 certify that (			deceosed from	57.0	1987	, to	7/28		, that (1) ( <del>we</del> ) lo	
	sow the deceo obove, (I) ( <del>we)</del>	ised office on <del>(did</del> ) (did no	ot) view the body	ofter deoth.	, 0	nd that in (my) (cor) opinion	death occurred on th	e dote and h	iour and from th	e couses stoted	
	225. SIGNATURE	-1	0	1/		DEGREE	0.00		22c. DAY	E SIGNED	
	Does	ref	1000	en l	N	PHYSICIAN A	MEDICAL DIRECTOR   PH	YSICIAN	7/7	30/87	
	22d. PHYSICIAN'S N	AME (TYPE C	76			220 ADDRESS 1040	O CONA	lear	cur A	v	
	DANI	IEL	Masen	BLUM		KEN	SINGTON	, Mi	208	725	
	URIAL, CREMATION	I, REMOVAL				EMETERY OR CREMATORY	23d LOCATION				
- 1:	Burial	L	July 31			Heaven Cemet	erv Silve	r Spri	no Mary	l and	
24 FU	INERAL DIRECTOR	Rober							ISTRAR'S SIGNA		
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1	IN MISCOIL	TO TIT I	ve. Dell	resua, Ma	ITATI	u		177	- Warnings	- Verralment	

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	FOR 1 - STATE 1 - REGISTRAR		ENT OF HEALT	MARYLAND H AND MENTAL HYGI TE OF DEATH	0	REG. NO. 2	0 )	8 2
	1. DECEASED NAME FIRST (TYPE OR PRINT) , Mac	OWEN	LAST		20 DATE OF D	5-87	AY YEAR	HOUR PM
	3 SEX	Cauc,	5. DATE OF BIR	18 98	6. AGE (IN YEA)		IF UNDER LYEAR	IF UNDER 24 HRS
1	New York		WIDOWEDX	NEVER MARRIED DIVORCED	Monto	CITY OR COUNTY	OF DEATH	MD.
)	Silver Spring	17. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS Fairland Nursin	g Home	HER INSTITUTION	120 USUAL OC (TYPE OF WORK FO homemo	OR MOST OF WORKING LIFE		F BUSINESS OR
4			ring 13d.	NO 🗓	2901 E	odress / zip code Beaverwood	Lane	20906
2		enry McCal	l,Jr	Margaret		MIDDLE	Ath	erton
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		th E. Kent	ighter	same a	s 13	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line for (a), (b), and BBY.	relia	e ane	st		BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUEN  (b)  DUE TO, OR AS A CONSEQUEN  (c)	NCE OF					
H	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERMI		11. 11.	N IN PART I	a

CERTIFICATIK 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NOL YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) 21d INJURY OCCURRED 21f LOCATION CITY OR TOWN COUNTY STATE STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL 22e ADDRESS 8317 2015 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) Burial July8, 1987 Lon

24 FUNERAL DIRECTOR Francis J. Collins, Jr. Long Island Natl Farmingdale 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR:

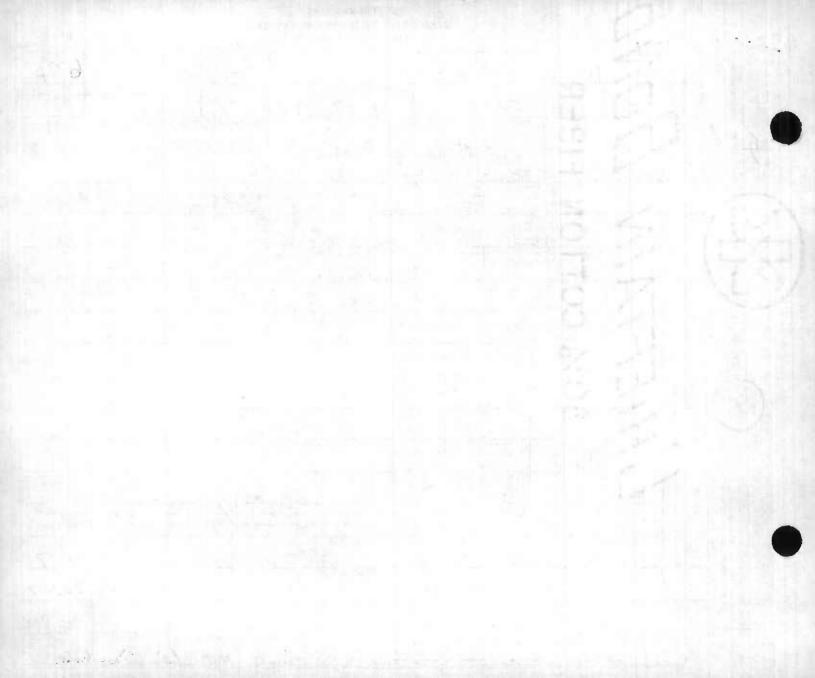
ould be detached th the State Dept.

IMPORTANT:

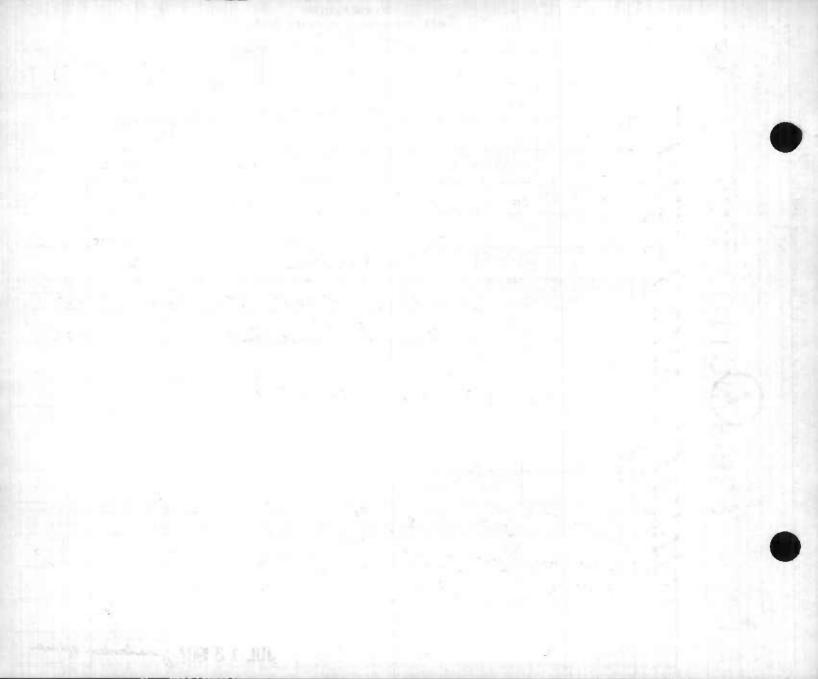
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marked ar Item

500 University Bevd., W Silver Spring, MD 2090



(VRA 15, 4)



STATE OF MARYLAND

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908 NU 17	1 - 07	STATE REGISTRAR		DEPARIA		ICATE OF DEATH	8 /	G. NO 2	0 9	8 5
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mo per per	3. SE	(	4 RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
ge 4 ecto rs of		F	WHI	TE	4	10,02	85	YRS		7.00.0
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deoth John 72		NY		US	WIDOWE		MONT	Gome	EKT	MD.
Site with S	SI	TY OR TOWN OF DEATH LVER SPRIN		ICH FACILITY, GIVE STREET		HOSPITAL	120 USUAL OCCU (TYPE OF WORK FOR M Secreta	OST OF WORKING		F BUSINESS OR
filled in hoofed be	May		or other institution JUTY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  SILVET SI	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDR 8505 Sph			20910
Logical Logical	14 FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DIE	LAS*	
de 8		Albert		Sochack	i	Mary			Bisade	ecki
P S P		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Son ^	DDRES 210	11 Brook	haven Dr.
ê A	No	(1.753.0	THE WAN ON BAILES!	040-12-7	326	Palmer C. Ba			oring Md.	
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otio		Conditions, if any, which	107	jungue	m	of wy		-	0.7	
ren rem		cause (a), stating the	DUE TO/	DR AS A CONSEQUE	NCE OF	D. A.O.	10 00	N.	00 . 1	
by ol. c		underlying cause last	1014	unen	050	anoric V	us aucus	use	ay	
signed hen ple o buric jury, o	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR	CONDITION G	OVEN IN PART 110	2
in T in	ATIC	190 DATE OF OPERATION	119h CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h 4F Y	YES, WERE FINDIN	VGS LISED
hos b	CERTIFICATION	THE DATE OF GREATION	178 6014	SINOIVIOR WINCH	OFERATIO	IN WAS FERI ORMED	YES T NO	IN CERT	TIFYING CAUSES	
ysicii cote onsir Hygi	E.	21a. ACCIDENT WAS UNDERLYING		OF INJURY		216 HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 1	8 PART I OR PART 2)	
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Leo Leo		22a.1 certify that (1) (this has	10 (1	he deceased fram_	60	19.59	10/10	007	19	that (li (we) last
2170		saw the deceosed alive a above, (1) (and (and (did (	not view the bod	v ofter death	, 01	nd that in (my) propinion	deoth occurred on t	he date and h	our and from the	couses stated
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eroined by the TO FUNERAL should be det with the State		MALTER E	- 60	224 MY	7	2309 SHOVET	TEUD RU	2 WH	EATON	MD
of Charles of A		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Specify Burial		12 1001 0	. 0	. Camatata	Middleto		Ideas or C	STATE
J			L T C	13,1981 (	<u>ixvari</u>	y Cometery	TE REC'D. BY REGIS			
HMH - 16 60M 7/84		INERAL DIRECTOR Franc	us J. C	OLLINS OPRES J'	L.	100	lin 4 a	2	a	O.L.
(VRA 15, 4)	50	10 University E	skud. W.	Silver	princ	Md. 20907	JUL 16 10	107	In The	T. D.

STATE OF MARYLAND

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	11	STATE REGISTRAR	CERTIFICATE OF DEATH 8 7 REG. NO. 209	86
* 6. <del>4</del>		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR	26. HOUR
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n ond con		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IE YES, GIV	ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT  GIVE WAR OR DATES)  ADDRESS  Jesse L. Peck. 229 Granville	₫:
quires that the death certificate signed by the ottending physici hen please remove cream to buriol, cremotion injury, or other troumer	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I	ears.
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by the hosp by the hosp ERAL Divector e detoched is Store Dept.	/	22h SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	SIGNED F7
to HOSPITAL etoined by th TO FUNERAL should be deto with the Stote		2 PHYSICIAN'S NAME (TYPE	romme! Silver Spring, high 20	903
BP	23.	BURIAL, CREMATION, REMOVAL	July 10, 1987 Ft. Lincoln Brendwood, Psong.	Co.siMd.
DHMH - 16 60M 7/84 (VRA 15, 4)	X	Settur Heller 20	Takoma Funeral Home.  250. DATE REC'D. BY REGISTRAN 250 RE	Highwales

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Item 18a FilmG630 8/11/87jab STATE OF MARYLAND 28,87 er. Med. Examiner L DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED Jau IF UNDER 24 HRS DATE PRONOUNCED Caucasian October 17, 1997 29 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County Maryland DIVORCED 170 USUAL OCCUPATION (TYPE OF WORK 175. KIND OF BUSINESS OR INDUSTRY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION pool-25 E. Wayne Avenue Rockville Plumber self-employ Fairfax Fairfax 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Virginia NO 1 3901 Prosperity Avenue 22031 15 MOTHER'S MAIDEN NAME Peele Patricia Murphy Lee mother Patricia McCutchen 213-76-4660 same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Drowning

( Due to, or as a consequence of Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Phencyclidine Abuse 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO . 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Subject drowned 71# PLACE OF INDURY TIE LOCATION AT WORK AT WORLE pool-25 E. Wayne Avenue, Rockville, Montgomery STREET, FACTORY, FARM, ETC.) nouse MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BALTIMORE, MARYLAND (2) Co.,MD Autapsy X charge at the remains discolled above, held on death resulted from Undetermined manner TITLE (SPECIFY) DATE SIGNED 7-17-87 M.DASSISTANT MEDICAL EXAMINER Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION July21, 1987 Ft. Lincoln Brentwood Prince Georges MD Francis J. Collins. Jr. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 500 University Blud., W Silver Spring. MD 20901 (VR A15 ME (5))

(VRA 15, 4)

232 CARROLL STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ATH	MONTH	DAY	YEAR	2 b	HOUR

17   4 AUG -	58	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE / REG. NO. 2	3 8 8
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filled in hould be	13a.	AL RESIDENCE (IF NURSING HOME OF MARYLAND MONT		SPRING 13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE	ACF 20903
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4 04	3 SE		4 RACE BLACK	S. DATE OF BIRTH  MONTH  DAY  YEAR  YEAR		FUNDER LYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
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by the further downthing within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Factory
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OR A DIRECTORED THE HOSE		22b. SIGNATURE	Verb	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED

730. BURIAL, CREMATION, REMOVAL REMOVAL Removal 7/9/87
24 FUNERAL DIRECTOR MCGuire Funeral Service DHMH - 16 60M 7/84 7400 Georgia Ave. Washington, D.C. (VRA 15, 4)

224 PHYSICIAN'S NAME (TYPE OR PRINT)

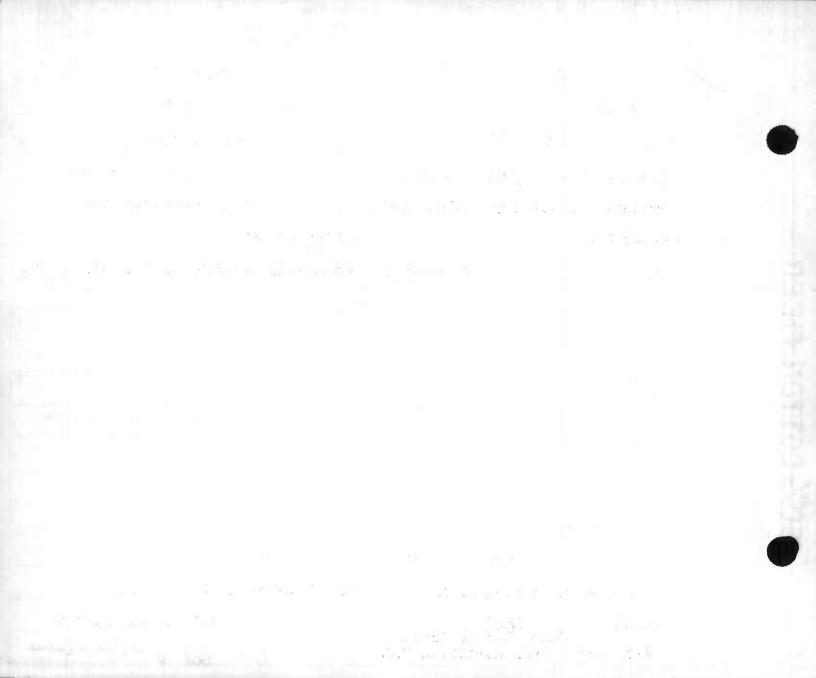
Bernard A. Heckman, M. D.

8830 Cameron St. Sil Spg Md. 20910

22e ADDRESS

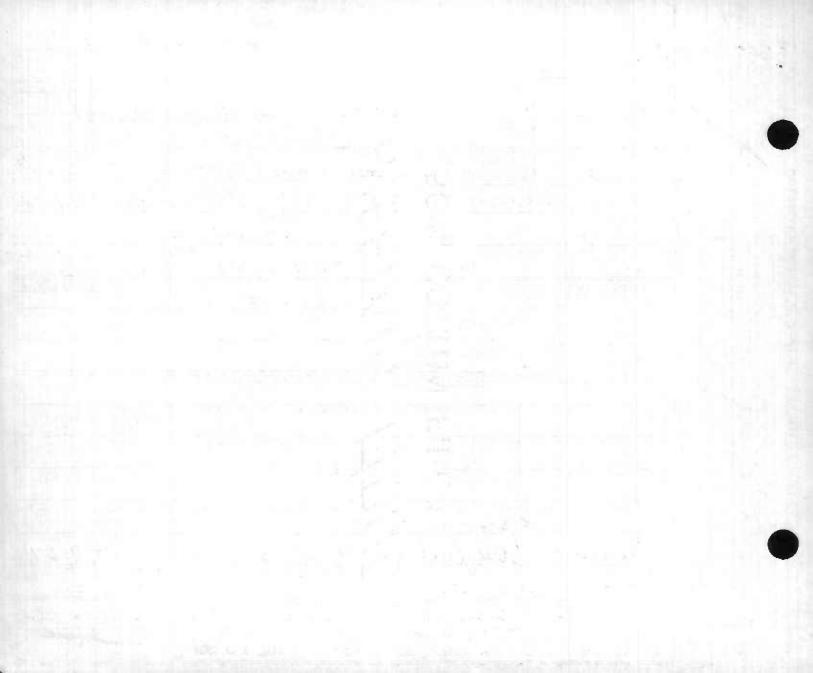
Pittsfield Massachusetts

REGISTRAR 256 REGISTRAR'S SIGNATURE

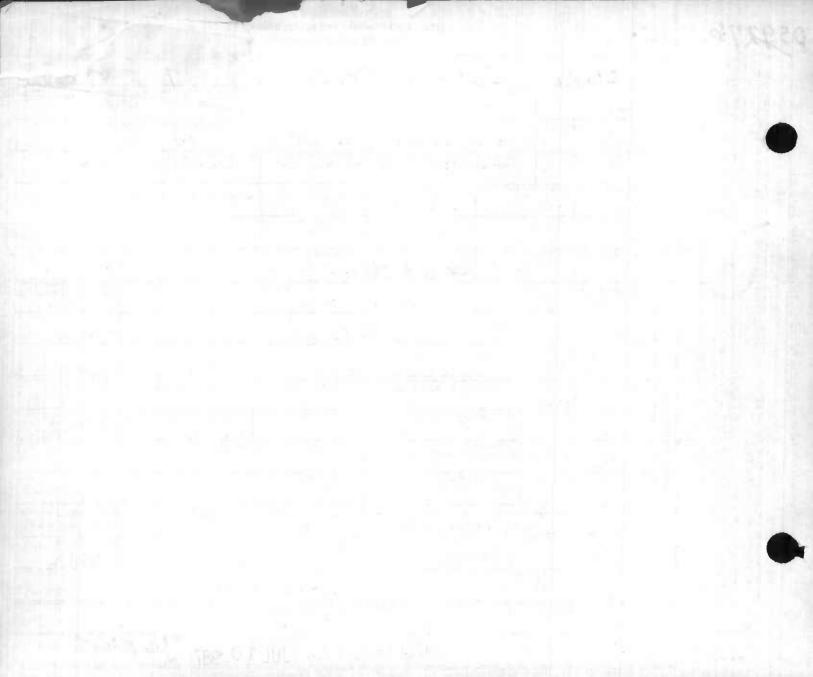


(VRA 15, 4)

Rockville, Maryland

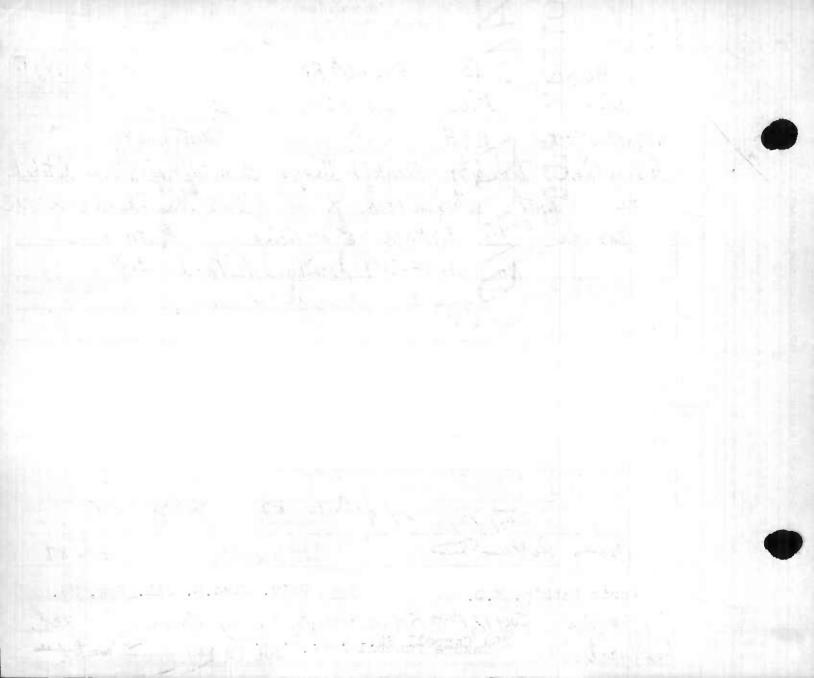


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STATE OF MARYLAND



Ives-Pearson Funeral Home

(VRA 15, 4)

STATE OF MARYLAND



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"5130 WI Ave. NW Wash., DC 20016

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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

